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ABSTRACT

The document describes New Jersey's plan to provide services to persons with developmental disabilities (DD). Section I defines developmental disabilities, provides population statistics by age group for 21 counties, and briefly outlines the DD State Grant Program. Section II outlines the organization (including appointment of 12 members who represent state agencies and developmentally disabled persons or parents) and responsibilities (such as studying needs and recommending programs) of the New Jersey Developmental Disabilities Council (NJDDC). In Section III, the organization and responsibilities of the New Jersey Division of Mental Retardation in administering DD grants are outlined. Section IV discusses the DD service network including provision of services, programs, and special assistance offered by the Departments of Community Affairs, Education, Health, and Human Services. Also, Section IV tabularly presents services by agency, type of service, and clients served; and identifies gaps in services and approaches by the NJDDC to fill the gaps. Section V delineates the goals of the NJDDC, planning strategies and activities to achieve the goals, and the uses for the DD funds. (MC)

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NEW JERSEY
STATE PLAN FOR SERVICES TO PERSONS WITH DEVELOPMENTAL DISABILITIES
1983 UPDATE

TABLE OF CONTENTS

SECTION I 1

Developmental Disabilities Definition and Impact

This section defines developmental disabilities, provides population statistics, and briefly outlines the Developmental Disabilities State Grant Program.

SECTION II 11

The State Planning Council on Developmental Disabilities

In this section the organization and responsibilities of the New Jersey Developmental Disabilities Council are described.

SECTION III 17

The Administering Agency for the Developmental Disabilities Program

The organization and responsibilities of the New Jersey Division of Mental Retardation in administering the Developmental Disabilities grants are described.

SECTION IV 21

The State Context

Section IV outlines in detail the developmental disabilities service network in New Jersey, discusses gaps in services, and activities undertaken by the New Jersey Developmental Disabilities Council to fill those gaps.

SECTION V 73

Council Goals, Objectives and Budget

This section delineates the goals of the New Jersey Developmental Disabilities Council, the planning and other activities designed to achieve those goals, and the purpose for which Developmental Disabilities funds are used.

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LIST OF TABLES/FIGURES

1-1 Developmental Disabilities Population Estimates (1983) 4
1-2 Map of New Jersey 6
1-3 Percentages Used to Estimate the Developmental Disabilities Population in six age groups 7
1-4 Income Levels of the Developmental Disabilities Population (1983) 7
4-1 Private Agency Resources: Day Programs 47
4-2 Private Agency Resources: Treatment Services 52
4-3 Private Agency Resources: Case Management Services 54
4-4 Private Agency Resources: Residential Services 57
4-5 Private Agency Resources: Family/Program Support Services 59
4-6 Private Agency Resources: Identification Services 62
4-7 Summary of Private Agency Resources 64
4-8 Private Agencies Included in Private Agency Resource Charts 68
5-1 Planning Cycle of the New Jersey Developmental Disabilities Council 74
5-2 Summary of Proposed Developmental Disabilities Expenditures 77

STATE AGENCY PROFILES AS CONTAINED IN SECTION IV

DEPARTMENT OF COMMUNITY AFFAIRS

Office of Recreation 22
Rental Assistance Program 22

DEPARTMENT OF EDUCATION

Division of Vocational Education and Career Preparation 24
Branch of Special Education and Pupil Personnel Services 25

DEPARTMENT OF HEALTH

Special Child Health Services 27
Maternal and Child Health Services 29

DEPARTMENT OF HUMAN SERVICES

Early and Periodic Screening, Diagnostic and Treatment Program (EPSDT) 30
Division of Medical Assistance and Health Services 30
Division of Mental Health and Hospitals 32
Division of Mental Retardation 33
Division of Public Welfare 35
Statewide Computerized Referral-Information Program (SCRIP) 35
Title XX 36
Division of Youth and Family Services 37

DEPARTMENT OF LABOR

Division of Vocational Rehabilitation Services 39

DEPARTMENT OF THE PUBLIC ADVOCATE

Division of the Advocacy for the Developmentally Disabled 41
NEW JERSEY TRANSIT 43

DEPARTMENT OF TRANSPORTATION

Office of Coordinated Transportation 44

Section I:

Developmental Disabilities Definition and Impact

What are developmental disabilities?

Developmental Disabilities are severe, chronic mental and/or physical impairments which occur at an early age, are likely to continue indefinitely, and have a pervasive effect on an individual's functional abilities and need for services.

In Public Law 95-602, the Developmental Disabilities Assistance and Bill of Rights Act, Congress stated its findings as follows:

1. There are more than two million persons with developmental disabilities in the United States;
2. individuals with disabilities occurring during their developmental period are more vulnerable and less able to reach an independent level of existence than other handicapped individuals who generally have had a normal developmental period on which to draw during the rehabilitation process;
3. persons with developmental disabilities often require specialized lifelong services to be provided by many agencies in a coordinated manner in order to meet the person's needs;
4. general service agencies and agencies providing specialized services to disabled persons tend to overlook or exclude persons with developmental disabilities in their planning and delivery of services; and
5. it is in the national interest to strengthen specific programs, especially programs that reduce or eliminate the need for institutional care, to meet the needs of persons with developmental disabilities.

The Congressional findings pointed out the need for each state to work toward the development of a coordinated, comprehensive service delivery system for its developmentally disabled citizens. Public awareness and advocacy activities were emphasized to ensure that services which were available to developmentally disabled persons were being utilized to the greatest extent possible.

Public Law 95-602, as amended, defines a developmental disability as: "A severe, chronic disability of a person which

a. is attributable to a mental or physical impairment or combination of mental and physical impairments;
b. is manifested before the person attains age twenty-two;
c. is likely to continue indefinitely;
d. results in substantial functional limitations in three or more of the following areas of major life activity:

    —self care
    —receptive and expressive language
    —learning
    —mobility
    —self direction
    —capacity for independent living, and
    —economic self-sufficiency; and

e. reflects the person's need for a combination and sequence of special interdisciplinary, or generic care, treatment, or other services which are of lifelong or extended duration and are individually planned and coordinated." (Section 102(7)).

The definition of developmental disabilities contained in P.L. 95-602 marks a shift from the definition contained in the earlier developmental disabilities laws, P.L. 91-519 and P.L. 94-103. The Developmental Disabilities Act Amendments of 1978 no longer make specific mention of the previously used diagnostic categories: mental retardation, epilepsy, cerebral palsy, and dyslexia as it is related to and associated with the other conditions previously given.

The functional definition emphasizes that in order for a person to be considered developmentally disabled he, or she, must be substantially handicapped. This is further reiterated in the requirement that an individual must be substantially impaired in at least three areas of major life activity. It should be pointed out, however, that the concept of substantiality is age specific. That is, a person's ability to function in a particular area of major life activity should be compared to what can generally be expected for a person of his/her age. For example, infants cannot reasonably be expected to have self-care skills, and school age children are not expected to be economically self-sufficient. The range of functional areas in which impairment can be manifested or assessed varies with the age of the individual in question. This is particularly problematical in terms of very young children whose functional abilities, as defined in the Developmental Disabilities Act Amendemtns, cannot be measured, except perhaps in the area of mobility.

Under the functional definition, no one is necessarily developmentally disabled just because of a particular diagnosis. The definition reflects the common problems shared by all developmentally disabled people, regardless of medical cause. Although different medical conditions may manifest themselves in any number or combination of functional disabilities, all developmentally disabled persons share a need for long-term individualized treatment services and the fact that their disability occurred prior to age twenty-two. The requirement that the individual be substantially handicapped prior to adulthood reflects the assumption that a person who is handicapped in childhood will experience more than average difficulty in acquiring the skills necessary for functioning as an independent adult in society.

The definition of a developmental disability includes a person previously eligible for services under the 1975 definition and extends eligibility to others who are not diagnosed as having autism, cerebral palsy, dyslexia, mental retardation or epilepsy, but who have some physical and/or mental impairment which meets all the other eligibility criteria specified in the law. The following additional conditions should be considered as potentially developmentally disabling:

a. Severe emotional disturbances such as childhood psychosis and childhood schizophrenia;
b. severe physical impairments associated with conditions such as spina bifida, muscular dystrophy, tuberous sclerosis and osteogenesis imperfecta;
c. multiple handicaps such as deaf-blindness, mental retardation with an orthopedic handicap, or other combinations of handicaps, and
d. severe learning disabilities.[1]

Of course, this list is not all inclusive, and any individual who has any of these conditions must also meet the criteria regarding severity, chronicity and age of onset to be considered developmentally disabled.

To provide a better understanding of the types of functional limitations referred to in the developmental disabilities definition, provided in the following page is an operational definition for each area of major life activity and the corresponding functional limitations which would result.

How many people have developmental disabilities?

While no survey which would count the actual number of developmentally disabled persons has been performed in New Jersey, estimates and projections have been developed based on a report done expressly for New Jersey by Gollay and Associates, Inc., of Santa Fe, New Mexico. This paper *Estimates of the Size and Characteristics of the Non-Institutionalized Developmentally Disabled Population in New Jersey* was based upon the 1976 Survey of Income and Education (SIE) compiled by the United States Bureau of the Census.

Although this survey was not specifically designed to measure the extent of developmental disabilities in New Jersey or the United States, it did ask key questions concerning certain functional limitations individuals were encountering. The SIE was based on personal interviews with a sample of households across the country. Questions were asked concerning the presence of mental retardation, emotional disturbances, speech, vision and hearing impairments and orthopedic handicaps. Additionally, respondents were queried as to the extent these handicaps affected daily life activities. Gollay reinterpreted these questions in order to estimate the number of respondents with functional disabilities in the major life activity areas specified in the Developmental Disabilities Act.

Data from the SIE had a number of advantages over other national surveys. Primarily, SIE data is useful as the survey was large enough to derive state specific estimates. The SIE survey was relatively recent (1976), and results of the SIE in terms of the proportion of the population exhibiting disabilities is similar to results from

OPERATIONAL DEFINITION OF A DEVELOPMENTAL DISABILITY

ACTIVITY	DEFINITION OF ACTIVITY*	DEFINITION OF SUBSTANTIAL FUNCTIONAL LIMITATION FOR AN INDIVIDUAL**
SELF-CARE	Daily activities which enable a person to meet basic needs for food, hygiene and appearance.	A person who has a long-term condition which requires that person to need significant assistance to look after personal needs such as food, hygiene and appearance. Significant assistance may be defined as assistance at least one-half of the time for one activity or a need for some assistance in more than one-half of all activities normally required for self-care.
RECEPTIVE AND EXPRESSIVE LANGUAGE	Communication involving both verbal and non-verbal behavior enabling the individual both to understand others and to express ideas/information to others.	A person who has a long-term condition which prevents that person from effectively communicating with another person without the aid of a third person, a person with special skill or with a mechanical device, or a long term condition which prevents him/her from articulating his thoughts.
LEARNING	General cognitive competence and ability to acquire new behaviors, perceptions and information, and to apply experiences in new situations.	A person who has a long-term condition which seriously interferes with cognition, visual or aural communication, or use of hands to the extent that special intervention or special programs are required to aid that person in learning.
MOBILITY	Motor development and ability to use fine and gross motor skills. Ability to move one's person from place to place with or without mechanical aids.	A person who has a long-term condition which impairs the ability to use fine and/or gross motor skills to the extent that assistance of another person and/or mechanical device is needed in order for the individual to move from place to place.
SELF-DIRECTION	Management and taking control over one's social and personal life. Ability to make decisions affecting and protecting one's own interests.	A person who has a long-term condition which requires that person to need assistance in being able to make independent decisions concerning social and individual activities and/or in handling personal finances and/or protecting his/her own self-interest.
CAPACITY FOR INDEPENDENT LIVING	Age appropriate ability to live without extraordinary assistance from other persons, especially to maintain normal societal roles.	A person who has a long-term condition that limits the person from performing normal societal roles or which makes it unsafe for that person to live alone to such an extent that assistance, supervision or presence of a second person is required more than half the time.
ECONOMIC SELF-SUFFICIENCY	Maintaining adequate employment and financial support. Ability to earn a "living wage," net, after payment of extra-ordinary expenses occasioned by the disability. Absence of dependence on family or welfare for financial support.	A person who has a long-term condition which prevents that person from working in regular employment or which limits his or her productive capacity to such an extent that it is insufficient for self-support.

other surveys. Finally, the data focus on functional limitations, making it more adaptable than other national surveys (including the 1974 Health Interview Survey and the 1972 Social Security Survey of Disabled and Non-Disabled Adults) to the definition of a developmental disability as set out in the Developmental Disabilities Act.

The SIE data are limited in terms of the types of people included in the survey. SIE data did not include persons residing in institutions, nor infants two years and younger. Additionally, the mentally retarded population appears to be undercounted. If a high estimate of the frequency of mental retardation nationally is used (3 percent of the total population) then it is evident the SIE did undercount. However, mentally retarded persons residing in institutions, nursing homes and group homes were not surveyed. Finally, it is important to remember that all numbers are esimates.

Table 1-1 shows the estimated number of non-institutionalized developmentally disabled residents of New Jersey by age and by county. These estimates were generated by appying the prevelance rates developed by Gollay to 1980 Census Data, obtained from the New Jersey Department of Labor, Division of Planning and Research. All estimates have been rounded to the nearest ten persons.

The county was used as the geographic subdivision, as most planning is done on a single or contiguous county level in New Jersey. Figure 1-2 illustrates the location of the state's twenty-one counties.

TABLE 1 – 1
SUMMARY OF DD POPULATION BY AGE GROUPS
PLAN YEAR 1983

Geographic Subdivision County	State Population		Total State DD Population		DD POPULATION BY AGE GROUPS – PLAN YEAR 1983											
					AGE GROUP Infants (0–2) 2.6		AGE GROUP Pre-School (3–4) 1.7		AGE GROUP School Age (5–17) 56.6		AGE GROUP Adult DD (18–21) 5		AGE GROUP Adult DD (22–64) 16.7		AGE GROUP Senior Citizens DD (65+) 18	
	Total	Total Minority Population	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
STATE TOTAL	7,364,823	1,729,239	75,650	100	1,990	100	1,300	100	42,470	100	3,790	100	12,430	100	13,670	100
ATLANTIC	194,119	46,878	1,970	2.6	50	2.6	40	2.6	1,100	2.6	100	2.6	320	2.6	360	2.6
BERGEN	845,385	89,065	8,670	11.5	230	11.5	140	11.5	4,860	11.5	430	11.5	1,440	11.5	1,570	11.5
BURLINGTON	362,542	64,213	3,700	4.9	100	4.9	60	4.9	2,080	4.9	180	4.9	610	4.9	670	4.9
CAMDEN	471,650	109,031	4,840	6.4	130	6.4	80	6.4	2,720	6.4	240	6.4	800	6.4	870	6.4
CAPE MAY	82,266	7,318	820	1.1	20	1.1	10	1.1	470	1.1	50	1.1	140	1.1	150	1.1
CUMBERLAND	132,866	41,679	1,360	1.8	40	1.8	20	1.8	760	1.8	70	1.8	220	1.8	250	1.8
ESSEX	851,116	445,507	8,770	11.6	230	11.6	160	11.6	4,920	11.6	440	11.6	1,440	11.6	1,580	11.6
GLOUCESTER	199,917	22,043	2,040	2.7	50	2.7	40	2.7	1,150	2.7	100	2.7	330	2.7	370	2.7
HUDSON	556,972	275,844	5,750	7.6	150	7.6	100	7.6	3,230	7.6	290	7.6	940	7.6	1,040	7.6
HUNTERDON	87,361	2,867	910	1.2	20	1.2	20	1.2	510	1.2	50	1.2	150	1.2	160	1.2
MERCER	307,863	76,346	3,180	4.2	80	4.2	50	4.2	1,800	4.2	160	4.2	520	4.2	570	4.2
MIDDLESEX	595,893	96,057	6,130	8.1	160	8.1	110	8.1	3,440	8.1	300	8.1	1,010	8.1	1,110	8.1
MONMOUTH	503,173	66,828	5,140	6.8	140	6.8	80	6.8	2,890	6.8	260	6.8	840	6.8	930	6.8
MORRIS	407,630	30,483	4,160	5.5	110	5.5	70	5.5	2,340	5.5	210	5.5	680	5.5	750	5.5
OCEAN	346,038	22,505	2,560	4.7	100	4.7	60	4.7	2,000	4.7	180	4.7	580	4.7	640	4.7
PASSAIC	447,585	155,912	4,690	6.2	130	6.2	80	6.2	2,630	6.2	230	6.2	770	6.2	850	6.2
SALEM	64,474	11,692	660	.87	20	.87	10	.87	370	.87	30	.87	110	.87	120	.87
SOMERSET	203,129	18,665	2,120	2.8	60	2.8	40	2.8	1,180	2.8	110	2.8	350	2.8	380	2.8
SUSSEX	116,119	3,413	1,210	1.6	30	1.6	20	1.6	680	1.6	60	1.6	200	1.6	220	1.6
UNION	504,094	139,290	5,140	6.8	140	6.8	90	6.8	2,880	6.8	260	6.8	840	6.8	930	6.8
WARREN	84,429	2,602	830	1.1	20	1.1	20	1.1	460	1.1	40	1.1	140	1.1	150	1.1

As is illustrated in Table 1-1, there are an estimated 75,650 developmentally disabled residents of New Jersey. This represents 1.03 percent of the total state population.

As is the case with the general population of New Jersey, the developmentally disabled are most highly concentrated in the north-eastern counties of the state—Bergen, Essex, Hudson, Morris, Passaic, and Union counties. Approximately 48 percent of the total estimated developmentally disabled citizens of New Jersey reside in these six nothern counties. About 22 percent of the estimated developmentally disabled population reside in the southern New Jersey counties of Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester and Salem.

Camden, Burlington and Gloucester Counties have the highest concentration of developmentally disabled persons residing in the southern portion of the state. While actual numbers of developmentally disabled persons in other southern New Jersey counties are low, the fact that density is also low in Camden, Burlington and Gloucester Counties is significant in terms of planning for service delivery. Low density also exists in the extreme northwestern portion of New Jersey—Sussex and Warren Counties—where only about 3 percent of the state's developmentally disabled population resides.

Table 1-3 shows the percentages used to estimate the developmentally disabled population in the six age groups. There are an estimated 1,990 infants who manifest functional limitations severe enough to be considered developmental disabilities. This figure differs significantly from the number of children "at risk" of becoming developmentally disabled, which would be as high as 6,400 infants (or 3 percent of the total New Jersey population in the zero through two age group).[2] The pre-school estimate for 1983 is 1,300, while it is estimated that 42,470 developmentally disabled children of school age reside in New Jersey. There are an estimated 16,220 developmentally disabled adults between the ages of 18 through 64, and an estimated 13,670 senior citizens with developmental disabilities residing in New Jersey in 1983.

Table 1-4 illustrates income levels of the developmentally disabled population in New Jersey. It is estimated that 19.11 percent of the developmentally disabled residents of New Jersey have annual family incomes falling below the poverty level (less than $9,300 for a family of four). SIE data for non-disabled residents of New Jersey show 7.82 percent having incomes below the poverty level, making developmentally disabled persons more than twice as likely to live in poverty than non-disabled persons. An estimated 6.8 percent of developmentally disabled persons have incomes which are 100-124 percent of the poverty level ($9,300-$11,532), as compared to 2.8 percent of the non-disabled population. A little over 10 percent of developmentally disabled persons have incomes which are 125-149 percent of the poverty level ($11,625-$13,857), while 4.2 percent of the non-disabled residents have incomes in this range. Sixty-four percent of the developmentally disabled population live above the moderate income level ($13,950 and above), with 85 percent of the non-disabled population falling in this income category.

It is important to note that all estimates presented in Tables 1-1, 1-3 and 1-4 are subject to standard statistical error. The figures should be considered a range within which the actual number of developmentally disabled persons would fall. This range has been calculated, generating a population range which has a 95 percent probability of containing the true size of the developmentally disabled population. In New Jersey, the total number of non-institutionalized developmentally disabled residents is likely to range from a low of 55,000 persons to a high of 94,500. Additionally, by including mentally retarded persons currently living in state-operated institutions, approximately 6,400 persons can be added to these figures. Therefore, the total number of developmentally disabled residents in New Jersey ranges from 61,900 to 100,900 persons.

As discussed, the SIE data did not include individuals two years of age and younger. In the absence of any data on this age group, the zero through two population was assumed to have the same prevelance rate as three and four year olds.

In an attempt to better estimate the preschool population, birth defect registration data gathered by the Department of Health's Special Child Health Services Program (SCHS) were scrutinized to identify the number of children registered with conditions which could be considered developmental disabilities. New Jersey state law requires all infants born with a visible defect or children diagnosed as having cerebral palsy be registered with the Department of Health. The department is encouraging the registration of other children who have special needs or are at risk of developing a handicapping condition.

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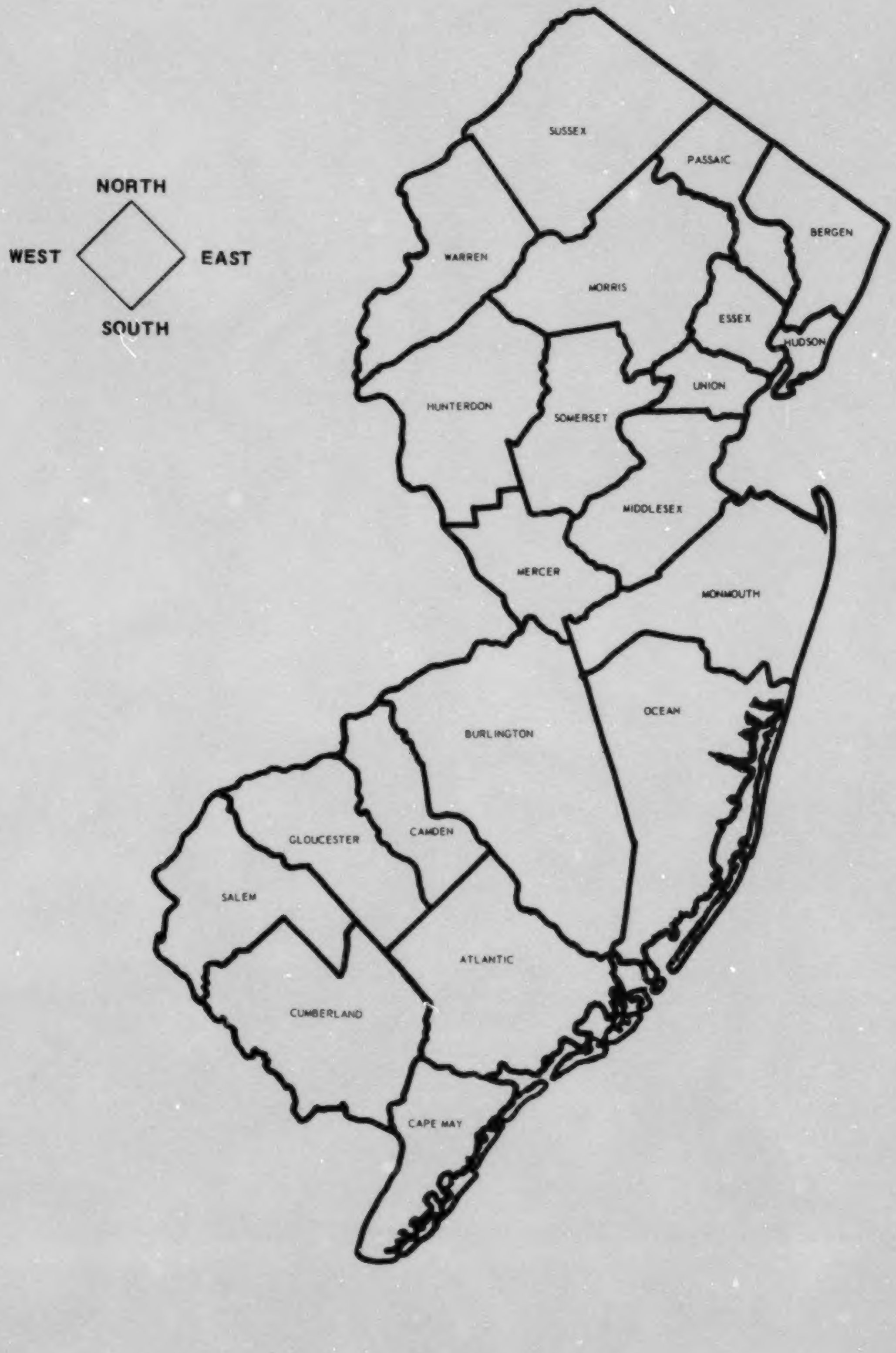
*1. *The Modified Definition of Developmental Disabilities: An Initial Exploration*. Elinor Gollay. Morgan Management Systems, Inc., March, 1979.

2. Boggs, E.M. and Henney, R.L. *A Numerical and Functional Description of the Developmentally Disabled Population in the United States by Major Life Activities* as Defined in the Developmental Disabilities Assistance and Bill of Rights Act as Amended in PL 95-602. Philadelphia: EMC Institute, 1979.

**Source of definitions functional limitation is *A Numerical and Functional Description of the Developmentally Disabled Population*. Elizabeth M. Boggs and R. Lee Henry, EMC Institute, 1979.

Figure 1-2


NORTH
WEST
EAST
SOUTH
SUSSEX
PASSAIC
BERGEN
WARREN
MORRIS
ESSEX
HUDSON
UNION
HUNTERDON
SOMERSET
MIDDLESEX
MERCER
MONMOUTH
OCEAN
BURLINGTON
GLOUCESTER
CAMDEN
SALEM
ATLANTIC
CUMBERLAND
CAPE MAY

10

TABLE 1-3

PERCENTAGES USED TO ESTIMATE THE DD POPULATION IN SIX AGE GROUPS

	Infants Age 0-2	Preschool Age 3-4	School Age Age 5-17	Adults Age 18-21	Adults Age 22-64	Senior Citizens Age 65+	Estimated Total Population
DD as Percent of Population	.71	.71	2.78	.75	.34	.38	1.03

TABLE 1-4

INCOME LEVELS OF THE DD POPULATION (1983)

State Total DD Population		Below Poverty Level		100-124% of Poverty Level		125-149% of Level		150%+ Above Poverty Level	
#	%	#	%	#	%	#	%	#	%
75.650	1.03	14,460	19.11	4600	6.08	7,840	10.37	48,750	64.44

The department's 1980-81 registries were examined, and approximately thirty conditions were identified as potential developmental disabilities. A sample of some of the conditions which were identified include: Cystic fibrosis, cerebral palsy, epilepsy, autism, spina bifida, paraplegia, muscular dystrophy and osteogenises imperfecta. The total number of children between the ages of zero through four who were registered as having any one of the thirty identified conditions was 1,367. Of these, 240 were under one while 1,327 were one through four years of age.

The major drawback to this data is an undercounting of children with mental retardation in the zero through four age group. Additionally, there are a number of children who are potentially developmentally disabled who have never been registered. These figures do, however, provide the minimum number of children statewide who need, or will need, services to ameliorate the effects of a disabling condition.

How do developmental disabilities affect individuals?

By nature of the federal definition of a developmental disability, service needs of this population will be multiple and long-term. Additionally, services must be provided in a coordinated fashion in order to be effective. In planning services to the developmentally disabled population, the changing service needs of developmentally disabled individuals must be recognized. As the individual with a developmental disability grows, services must be available which respond to the particular needs of his or her age group.

For the purpose of this plan, specific services which should be available to all developmentally disabled individuals have been divided into two categories, direct services and support services. Direct services include residential services, day programs, and employment programs. Support service needs include identification services, case management, treatment services and family/program support services.

Each of these services is defined below. These services should not be regarded as separate entities, however, but rather as a grouping of services which must be linked together and provided in a comprehensive and coordinated manner to be effective.

DIRECT SERVICE	**DEFINITION**
A. Residential Services	
1. Domiciliary Care	Domiciliary care services are the provisions of away-from-home living quarters, supervision and personal care to developmentally disabled persons needing 24-hour

000 11

	supervision. Domiciliary care differs from special living arrangements by degree of supervision and amount of personal care provided to the individual.
2. Special Living Arrangements	Special living arrangements are settings for the provision of living quarters for developmentally disabled persons who need some degree of supervision, but who do not require the more intensive services provided by domiciliary care.
B. Day Programs	
1. Day care	Day care services are the provision of comprehensive and coordinated activities providing personal care and other services to pre-school, school age and adult developmentally disabled individuals. The services are provided outside of the residence for a portion of the 24-hour day. Services include creative, educational, social, physical and learning activities designed to provide at least training, counseling, personal care and recreation services. Careful supervision is provided. Day care services for pre-school age and school age children are likely to emphasize recreation activities and maturation of the children in order to supplement services being provided by parents or guardians. Day care for adults is likely to emphasize the development of occupational and/or social skills to make the individual as independent as possible.
2. Education	Education services are the provision of structured learning experiences based on appropriate evaluations and taking place within the least restrictive environment. Curriculum should be designed to develop ability to learn and acquire useful knowledge and basic skills, and to improve the ability to apply them to everyday living. Education services are to be provided to every age group.
3. Training	Training services are the provision of a planned and systematic sequence of instruction to: 1) develop skills for daily living, including self-help, motor skills and communication; 2) enhance emotional, personal, and social development, and 3) provide experiences for gaining occupational and pre-vocational skills. Training services should be based upon appropriate evaluation of the individual and objectives designed to meet the needs of the individual.
C. Employment	
1. Sheltered Employment	Sheltered employment services are the provision of activities involving work evaluation, occupational skills, training and paid employment for those who cannot be absorbed into the general labor market because of their disability.
2. Other Employment	Other kinds of employment services may include private industry programs to train and employ the disabled. Such programs are not generally applicable to the needs of the substantially handicapped.

SUPPORT SERVICE	**DEFINITION**
A. Identification Services	
1. Diagnostic Services	Diagnostic services are the provision of coordinated services, including but not limited to medical, psychological, social or other services necessary to identify the presence, cause and extent of a developmental disability.
2. Evaluation	Evaluation is the systematic appraisal of physical. psychological, vocational, educational, cultural, social, economic or other characteristics of the individual to determine: 1) the extent to which the disability limits or can be expected to limit his or her daily living and work activities; 2) the extent to which the disability can be minimized through the provision of services; 3) the nature and scope of services needed; and 4) objectives which are commensurate with the individual's needs, interests and capacities.
3. Information & Referral	Information and referral is the provision of a current and complete listing of all appropriate resources which are available and accessible to the developmentally disabled person, his or her family and professionals serving developmentally disabled individuals.

B. Case Management

1. Counseling	Counseling is the provision of professional guidance made on the basis of evaluation in order to achieve goals which are mutually agreeable to counselor and client.
2. Protective Service	Protective services are the provision of a system of social, legal and other services to help developmentally disabled individuals exercise their rights as citizens and to assist those who are unable to protect themselves from neglect, exploitation or other hazardous situations.
3. Follow-along	Follow-along is the life-long continuation of evaluation and counseling with the developmentally disabled individual in order to assure that changing needs are recognized and met.

C. Treatment

1. Medical 2. Dental 3. Physical Therapy 4. Occupational Therapy 5. Speech & Hearing Therapy	Treatment services are interventions designed to halt, control or reverse conditions which cause or complicate developmental disabilities. Such interventions may include: surgery, provisions of prosthetic devices, dental treatment, physical therapy, occupational therapy, speech and hearing therapy, and other medical and medically oriented treatments needed by the individual.

D. Family/Program Support Services

1. Recreation Services	Recreational services provide for planned and supervised activities designed to: 1) help meet the individual's therapeutic needs for self-expression, social interaction and entertainment and 2) develop skills and interests leading to constructive and enjoyable use of leisure time.
2. Personal Care	Personal care services are provided in conjunction with other services in order to maintain the health and well-being of the individual. Such services include the provision of food, clothing, bodily care, home care and companionship.
3. Transportation	Transportation is the provision of travel and travel costs to transport developmentally disabled persons and, where necessary, members of their families to sites where they are receiving services.
4. Income Maintenance	Income maintenance is the provision of money to individuals or families to provide or supplement income.

What is the "Developmental Disabilities Basic State Grant Program"?

Given the wide range of services required by developmentally disabled individuals, the Developmental Disabilities Basic State Grant Program was designed to provide a state level system to coordinate, monitor, plan and evaluate services. While this is a federally assisted program, the intent is for individual states to perform these functions, as service delivery systems vary so much from one state to another.

The specific purposes of the Basic Grant Program, as outlined in Section 101 (b)(2) of Public Law 95-602, are as follows:

"A. to assist in the provision of comprehensive services to persons with developmental disabilities, with priority to those persons whose needs cannot be covered or otherwise met under the Education for All Handicapped Children Act, the Rehabilitation Act of 1973, or other health, education, or welfare programs;

B. to assist States in appropriate planning activities; and

C. to make grants to State and private, non-profit agencies to establish model programs, to demonstrate innovative habilitation techniques, and to train professional and para-professional personnel with respect to providing services to persons with developmental disabilities . . ."

The program, in its role as advocate, works closely with state Protection and Advocacy agency to ensure the legal and human rights of developmentally disabled persons.

Section II:

The State Planning Council on Developmental Disabilities

What is the New Jersey Developmental Disabilities Council?

The New Jersey Developmental Disabilities Council is the primary body located within State government mandated to coordinate and strengthen services available to developmentally disabled persons, as well as to safeguard the rights of persons with severe, long-range disabilities. Council membership consists of individuals with developmental disabilities, immediate relatives or guardians of persons with developmental disabilities, representatives of state agencies providing services to developmentally disabled persons, and local and non-governmental agencies and groups concerned with services to developmentally disabled persons. As mandated by PL 95-602, at least 50 percent of the Council membership must consist of consumers, persons with developmental disabilities or their parents or guardians. The law further specifies that at least one-third of the consumer membership must have developmental disabilities, and another one-third must be immediate relatives or guardians of persons with mentally impairing developmental disabilities. At least one person must be the relative or guardian of an institutionalized person.

In New Jersey members are appointed by the Governor, with the advice and consent of the State Senate, for three-year terms. Twelve of the members are statutory, official representatives of the following state agencies:

1. Special Child Health Services and Maternal and Child Health Program
2. Department of Community Affairs
3. Department of Higher Education
4. Department of the Public Advocate
5. Division of Comprehensive Health Planning
6. Division of Medical Assistance and Health Planning
7. Division of Mental Health and Hospitals
8. Division of Mental Retardation
9. Division of Public Welfare
10. Branch of Special Education and Pupil Personnel Services
11. Division of Vocational Rehabilitation Services
12. Division of Youth and Family Services

The eighteen consumer members of the Council include at least fifteen persons who are either developmentally disabled or representatives of consumers of services for developmentally disabled persons. Of these consumer members at least five are persons with developmental disabilities; and at least five are individuals who are immediate relatives or guardians of persons with mentally impairing developmental disabilities. One of the consumer representatives of persons with mentally impairing disabilities is an immediate relative or guardian of a person who is institutionalized. To the extent possible, public members are appointed to provide diverse geographical representation to the Council. Each public member serves for a term of three years and until such time as a successor is appointed. The terms are staggered so that the terms of no more than six public members can expire in any given year. Terms begin on July 1, and vacancies are filled for unexpired terms only. Members of the Council may be removed from membership, for cause, by the Governor.

A list of Council members is provided below:

NON-CONSUMER/PROFESSIONAL MEMBERS

1. Clarence N. York, Ed.D., Council Chairman
   Bancroft School, 437 East Kings Highway,
   Haddonfield, NJ 08033
2. Nickie Berson, Ed D.
   Institute for Human Services,
   Kean College of New Jersey, (UAF)
3. Lawrence T. Taft, M.D.
   Department of Pediatrics,
   College of Medicine and Dentistry of New Jersey,
   P.O. Box 101, Piscataway, NJ 08854

CONSUMERS

1. David H. Blaustein, Law Librarian
   517 Pennington Street, Elizabeth, NJ 07202
2. Ronald Bowers
   1411 Puritan Avenue, Colonial Manor,
   Woodbury, NJ 08096
3. Lorine C. Fargo
   1243 Inman Avenue, Edison, NJ 08817
4. Lisa M. Firgau, Senior Accounting Clerk
   83 So. Adelaide Avenue, Highland Park, NJ 08904
5. Elizabeth Jackson
   68 Kean Street, Paterson, NJ 07524
6. Dennis Gene Nelson
   29 Garden Street, Mt. Holly, NJ

PARENTS OR GUARDIANS OF CONSUMERS

1. Elizabeth M. Boggs, Ph.D.
   Henderson's Road, R.D. #1, Box 439,
   Hampton, NJ 08827
2. Beatrice Antell
   930 Ridge Road, Millburn, NJ 07041
3. Bernard Koechlin, Ph.D.
   40 Melrose Place, Montclair, NJ 07042
4. Paul M. Leeds
   271 Jerome Avenue, Oakhurst, NJ
5. Patricia O'Connell
   R.D. #2. Marian Drive, Belle Mead, NJ 08502
6. Carol Schnitzler, Real Estate Agent
   10 Benson Road, Kendall Park, NJ 08824
7. Serge Sobolevitch, Ph.D., College Professor
   96 Jefferson Road, Princeton, NJ 06540
8. Ruth Tomlin
   407 Narberth Avenue, Haddonfield, NJ
9. Laura Luhrs
   44 Prospect Avenue, Woodcliff Lake, NJ 07675

THE PRESENTATION OF PRINCIPAL STATE AGENCIES

FEDERALLY ASSISTED PROGRAM	NAME AND POSITION OF MEMBER	NAME AND ADDRESS OF STATE AGENCY
1. EDUCATION OF THE HANDICAPPED	Paul Winkler, Ed.D., Deputy Assistant Commissioner	Branch of Special Education and Pupil Personnel Services, Department of Education 225 West State Street Trenton, New Jersey 08625
2. VOCATIONAL REHABILITATION	George Chizmadia, Director	Division of Vocational Rehabilitation Services Labor and Industry Building John Fitch Plaza Trenton, New Jersey 08625
3. PUBLIC ASSISTANCE	Dr. Bertram Bernstein, Medical Director, Bureau of	Division of Public Welfare Department of Human Services 3525 Quakerbridge Road Trenton, New Jersey 08625
4. MEDICAL ASSISTANCE	Ruth Stekert, MD, Chief, Bureau of Child Health Services	Department of Human Services Division of Medical Assistance and Health Services 324 East State Street Trenton, New Jersey 08625
5. SOCIAL SERVICES	Henry R. Hollender, Administrator, Training Office	Division of Youth and Family Services Department of Human Services 1 South Montgomery Street Trenton, New Jersey 08625
6. MATERNAL AND CHILD HEALTH and	Barbara Kern, Chief Special Child Health Service	Special Child Health Services Department of Health 120 South Stockton Street, CN 364 Trenton, New Jersey 08625
7. CRIPPLED CHILDREN'S SERVICES		
8. COMPREHENSIVE HEALTH	Joseph Kale, Executive Director, Statewide Health Coordinating Council	Division of Health Planning and Resources Development, Department of Health Health-Agriculture Building John Fitch Plaza Trenton, New Jersey 08625

THE PRESENTATION OF PRINCIPAL STATE AGENCIES—continued

FEDERALLY ASSISTED PROGRAM	NAME AND POSITION OF MEMBER	NAME AND ADDRESS OF STATE AGENCY
9. MENTAL HEALTH	Maureen D. Borland, Chief Bureau of Transitional Services	Division of Mental Health and Hospitals Capital Place One, 222 South Warren Street Trenton, New Jersey 08625
10. INSTITUTIONAL MR SERVICES and (11) DEVELOPMENTAL DISABILITIES SERVICES	Eddie C. Moore, Director, Division of Mental Retardation	Department of Human Services Division of Mental Retardation Capital Place One, 222 South Warren Street Trenton, New Jersey 08625

REPRESENTATION OF OTHER STATE AGENCIES

NAME AND ADDRESS OF AGENCY OR GROUP	NAME AND POSITION OF MEMBER	PROGRAM PRESENTED OR CATEGORY OF MEMBERSHIP
Department of Higher Education Office of Health Professions Education 225 West State Street Trenton, New Jersey 08625	Priscilla Woolley, Assistant Director Office of Health Professions Education	Department of Higher Education
Department of the Public Advocate 520 East State Street Trenton, New Jersey 08625	Thomas Smith, Esq. Deputy Public Defender	Department of the Public Advocate
Department of Community Affairs 363 West State Street Trenton, New Jersey 08625	Terry Sullivan, Staff Services, Division of Local Government Services	Department of Community Affairs

As the State Planning Council, the New Jersey Developmental Disabilities Council is expected to:

1. Study and review needs and problems of New Jersey's developmentally disabled population and the nature and extent of state and other public and private services for those so handicapped, and to recommend immediate and long-range program and construction priorities;
2. Foster cooperation and communication between state county, municipal, voluntary and private agencies providing services to developmentally disabled persons to assure that such services are delivered effectively, efficiently and without duplication;
3. Promote public awareness of the needs and problems of the developmentally disabled and their related budgetary implications;
4. Review and evaluate no less than once a year the State Plan for Services to the Developmentally Disabled and submit such appropriate modifications as may be required to the United States Secretary of Health and Human Services;
5. Ensure the availability of reports, in such form and containing such information as the United States Secretary of Health and Human Services may reasonably require, pursuant to P.L. 95-602 (1978), and keep such records and afford such access thereto as the Governor or the Secretary of Health and Human Services find necessary to assure the correctness and verification of such reports;
6. Review and comment on laws and practices relating to the developmentally disabled population;
7. Propose training and scholarship programs to prepare professionals to work with developmentally disabled individuals;
8. Recommend training and recruitment programs to encourage the employment of developmentally disabled persons;
9. Encourage and support pertinent research efforts and preventive measures;
10. To the maximum extent feasible, review and comment on all state plans in New Jersey which relate to programs affecting persons with developmental disabilities;
11. Inform local government agencies of federal and state programs and requirements concerning developmentally disabled and other handicapped persons and provide technical assistance to such agencies as to methods for participating in such programs or meeting such requirements;
12. Promote the establishment of local commissions on the developmentally disabled and other handicapped for the identification and development of locally-based programs for such persons, and to stimulate planning at the community level;
13. Administer loan and grant programs, if and when funds become available, to enable local agencies, commissions and individuals concerned with handicapped persons to acquire or improve relevant facilities, services and personnel;
14. Undertake at the request of the Governor and the Legislature such activities as may be pertinent for the accomplishment of legislative and executive functions.

The Council has adopted the following policies in accordance with the required functions of the developmental Disabilities Council:

1. In order to encourage service programs for developmentally disabled persons to reflect planned development, coordination and direction, the Council should consult with agencies serving developmentally disabled individuals so as to identify and coordinate their respectives roles.
2. Each developmentally disabled person should have alternatives for services which do not disrupt the daily living routine of the person, and contribute to a "normal" life style.
3. Services currently available and those which will be developed in the future, should be dictated by the needs of developmentally disabled individuals rather than medical, diagnostic labels. Diagnostic labels should be considered in only a medical context.
4. Agencies rendering generic services to developmentally disabled persons should be encouraged to expand their services and broaden their scopes.
5. There should be no requirements (explicit or implicit) that a pre-diagnosis be a condition for obtaining diagnostic services.
6. The location of service programs should be in areas accessible to the developmentally disabled population intended to use such services. Improved transportation to service centers and other destinations should be encouraged.
7. Special efforts should be made to maximize resources in the rural portions of New Jersey so that all developmentally disabled groups may receive adequate and appropriate services.
8. Because traditional means of offering services to the urban and rural poor may be inadequate, more efficient means should be used for delivering services to these groups.
9. Eligibility and/or admission requirements should not hamper developmentally disabled individuals in their attempts to obtain services.
10. An information and referral system should be available to parents and others seeking appropriate services for a developmentally disabled person. This system should be widely publicized and specific information about available services for developmentally disabled persons should be offered.
11. Coordination of facilities, resources and services should be encouraged. An integrated service network is preferred to duplication of services in many instances.
12. Service programs need attention and revisions to better serve pre-school aged children and adults who have developmentally disabilities.
13. Early screening and diagnosis of children suspected to have developmental disabilities should be encouraged.
14. "One stop" case management services appropriate for developmentally disabled people should be developed and implemented.
15. Policies may be added or deleted through an amendment to the State Plan.

In order to fulfill its mandated responsibilities under state and federal law, five meetings of the full Council are held each year. These meetings are open to the public, and in accordance with the New Jersey Open Public Meeting Act, agendas of proposed meetings are published in two New Jersey newspapers (the *Trenton Times* and the *Newark Star Ledger*), are posted on a designated bulletin board at the New Jersey State House, and are filed with the Secretary of State.

Additionally, the Chairman of the Council creates committees, task forces and other suborganizations of the Council as is necessary to carry out its functions. Current standing committees of the Council are:

1. **Executive Committee:** Composed of the Vice-Chairman of the Council, who also serves as the Chairman of the Executive Committee, the Chairman and five other members of the Council who are elected by the Council annually. The Executive Committee is able to act for the entire Council in regards to personnel, budget and other administrative matters. In the event that the entire Council cannot meet, the Executive Committee has the ability to act on behalf of the full Council. The Executive Committee formulates proposed Council policy and actions to be taken by the Council. Final consideration and final determination on policy is left up to the Council as a whole. An Executive Committee meeting can be called by the Chairman at the request of four or more members of the Committee.

2. **Committee on Advocacy:** Works primarily with the Department of the Public Advocate to identify major issues for advocacy activities by the department and the Council.

3. **Committee on Legislation:** Monitors pending legislation, with an emphasis on state-level activity. The committee also identifies major legislative measures which would affect the developmentally disabled population of New Jersey and recommends to the Council action in regard to such measures.

4. **Committee on Personnel:** Provides advice to the Executive Director on personnel-related matters.

5. **Committee on Policy and Planning:** Works with the Council and its staff on the development and completion of planning projects; the development of the annual State Plan; the consideration of annual goals, objectives and priorities; and other planning-oriented activities.
6. **Committee on Public Information:** Provides a resource and advisory function to the Council and its staff in the formulation of public information programs, including those publicizing the Statewide Computerized Referral-Information Program (SCRIP).
7. **Committee on Manpower Needs:** Develops and oversees the Council's continuing efforts to study and plan for manpower training of professionals working with developmentally disabled persons.

Within the limits of appropriations, the New Jersey Developmental Disabilities Council is able to employ such staff as it deems necessary to carry out its functions. The Executive Director of the Council performs at the direction of the Executive Committee and the Council as a whole. The staff performs under the direction of the Executive Director. The Executive Director is responsible for seeing that the duties and the functions of the Council are carried out. The Executive Director of the Council is authorized to act on behalf of the Council in emergency situations when it is not possible for the Council as whole or the Executive Committee of the Council to meet.

The staff assists and supports the Council in their planning, public education, information and referral, evaluation and other activities. The following is a synopsis of the title and responsibilities of each current staff position.

1. Executive Director
   a. Recommends policy and work activities to the Council, including preparing agenda and arranging for Council and other meetings;
   b. Serves as chief liaison between the Council and State, Federal, and voluntary agencies, and between the Council and the Governor and Legislature;
   c. Obtains and disseminates information about current and proposed federal and state legislation, administrative regulations, and court decisions that relate to the developmentally disabled and to prepare reports and recommendations regarding the same for the Council;
   d. Supervises and directs staff in the collection and analysis of data, development of public information programs, and administration of the Statewide Computerized Referral-Information Program (SCRIP);
   e. Oversees the expenditure of federal funds by the Council and submits reports as required by the federal government or the Governor;
   f. Maintains the Council's records, minutes and files.
2. Planning Specialist
   a. Designs and prepares the State Plan or its revisions, and related reports as required by law;
   b. Coordinates the Council's planning cycle;
   c. Maintains liaison with private and public agenices in order to gather data, secure their input for the State Plan, and stays informed about program changes affecting the developmentally disabled;
   d. Collects and analyzes statistical and other data about developmentally disabled people for inclusion in the State Plan and for other reports;
   e. Assesses the needs of developmentally disabled people for services and identifies service gaps.
3. Communications Specialist
   a. Develops and implements public awareness campaigns concerning people with developmental disabilities;
   b. Prepares a bi-monthly newsletter for general distribution throughout New Jersey;
   c. Prepares brochures, slide-tapes, films and radio spots.
   d. Uses radio, television, newspapers, and other media for disseminating information about the developmentally disabled;
   e. Prepares press releases about Council activities and publications;
   f. Publicizes Council conferences, workshops and other public events.
4. SCRIP Administrator
   a. Supervises and maintains daily operations of SCRIP (Statewide Computerized Referral-Information Program);
   b. Develops and implements innovations on SCRIP program and concept;
   c. Designs reporting methods, questionnaires, and survey techniques;
   d. Supervises and directs the writing of computer programs;
   e. Distributes informaton about SCRIP to agencies and system users, including teaching people how to use the system;

f. Keeps records of expenses, use of equipment, use of the system, and other administrative concerns;
g. Designs data coding procedures and forms.

5. Research specialist
   a. Assumes responsibility for public educational programs in keeping with the Council's planning-evaluation, coordination and advocacy responsibilities and does related work as required;
   b. Conducts programmatic and statistical research, surveys and studies, compiles and analyzes information for the Council and its committees.
   c. Develops and writes related reports and other materials for approval by the Council.
   d. Performs extensive research and analysis of programs of other State agencies, Federal and State legislation and regulations with emphasis on the effect they have on the Council's responsibilities and objectives;
   e. Establishes and maintains relations with public and private agencies, organizations, and the general public, in order to enlist support and understanding of the Council's programs and goals;
   f. Prepares clear, sound, accurate and informative programmatic, statistical, technical and other reports containing findings, conclusions and recommendations for the Council and its committees;
   g. Provides other administrative assistance to the Council and the Executive Director.

There are currently two assistants, and three secretaries who aid the Council's professional staff.

COMPOSITION OF THE STATE PLANNING COUNCIL STAFF

1. Council Chairperson: Clarence N. York, Ed.D. (name) 108-110 North Broad Street (contact address) (609) 292-3745 (phone)

2. Executive Director: Catherine Rowan (name) 108-110 North Broad Street (contact address) (609) 292-3745 (phone)

3. Other Staff positions and related responsibilities are listed below:

(name)	(title)	(contact address)	(phone)
Barbara DeLorenzo	Planning Specialist	108-110 North Broad Street	(609) 292-3745
Virginia Morgan	Communications Specialist	108-110 North Broad Street	(609) 292-3745
Gretchen Nice	Research Specialist	108-110 North Broad Street	(609) 292-3745
Patricia E. Krupka	Administrator, SCRIP	108-110 North Broad Street	(609) 292-3745
Janette Price	Secretary	108-110 North Broad Street	(609) 292-3745
Robert Reese	Secretary	108-110 North Broad Street	(609) 292-3745
Ann Marie Perelli	Secretary	108-110 North Broad Street	(609) 292-3745

Section III:

The Administering Agency for the Developmental Disabilities Program

Under the Developmentally Disabled Assistance and Bill of Rights Act (PL 95-602) funds are made available to states for innovative service projects. The New Jersey Developmental Disabilities Council has designated the New Jersey Division of Mental Retardation as the state agency responsible for administering these service grants. Governed by the Council's goals and objectives, grants are made on a yearly basis to agencies providing direct services to developmentally disabled individuals. Within the Division of Mental Retardation, the Office of Grants Management is the unit with direct responsibility for implementing service grants.

Implementation activities are identified through an exchange among consumers, service providers and the administering agency. To provide strong consumer input, service grant proposals are solicited from the community-at-large. Consideration is given within the broadest interpretation of the goals and objectives of the Developmental Disabilities Council. The Letter of Intent process allows for the development of program design at the service level as well as in the planning agency. Broad guidelines based on Council priorities, rather than requests for specific programs, are used to encourage innovative project proposals.

The implementation role of the Division of Mental Retardation includes, but is not limited to:

I. Identifying potential service grant applicants.

   A. Preparing an information mailing list which includes agencies with potential and/or demonstrated interest in receiving Developmental Disabilities Service Grant Funds.

      Examples: Past grant applicants, providers identified through inquiry or contact through previous grant years and other.

   B. Using field contacts of the New Jersey Developmental Disabilities Council and its associated agencies.

   C. Publicizing in the Council's newsletter, *Interface*.

II. Providing technical assistance to service agencies in areas where service gaps are indicated either by experience of the Division of Mental Retardation or the needs assessment conducted by the Council.

III. Assuring the development of appropriate distribution of services throughout the State of New Jersey.

   A. Attending to the problems of the rural and urban poor as subsystems in need of special consideration.

   B. Attending to the problems of achieving continuity among developing service agencies.

IV. Locating appropriate continuous and stable alternative funding mechanisms to provide for program continuity for grantees.

V. Providing monies to assist in program development and/or enhancement through the allocation of service grants for Plan Year 1983 which are awarded to agencies by the Division of Mental Retardation according to the goals, objectives and strategies of the Developmental Disabilities Council.

The basis for all service grant activities of the Division of Mental Retardation are the designated goals of the New Jersey Developmental Disabilities Council. Setting priorities from these goals is managed by the Office of Grants Management within geographic and geo-political service areas (i.e., counties). Information concerning the service categories designated as priorities of the New Jersey Development Disabilities Council is included in materials circulated to potential applicants so they may better understand the types of services to receive funding.

The time frame for projects funded during Plan Year 1983 will be September 30, 1983, through September 29, 1984. The granting schedule is:

4/82—Goals and Objectives for fiscal year 1983 approved by the New Jersey Developmental Disabilities Council.
12/82—Requests for Letters of Intent issued.
—(Notice in the Council's newsletter, *Interface*)

2/83—Letters of Intent received by Division of Mental Retardation.
5/83—Applications received by the Division of Mental Retardation.
6/83—Grants awarded.
9/83—Grants take effect.

The process and procedures to be followed in establishing service activities are outlined below.

SEPTEMBER THROUGH OCTOBER

I. Analyze, advertise and implement the goals and objectives of the New Jersey Developmental Disabilities Council.

A. Review 1982 State Plan policies and plans for awarding service grants.
   1. Note geographical distribution of service needs and designated importance of objectives.
   2. Note goal assessment and priority assignments.
   3. Note all changes, adaptations, and revisions of the State Plan.

B. Review 1982 Division of Mental Retardation policies and plans for awarding service grants.
   1. Note geographical distribution of needs and priorities.
   2. Note goal assessment and priority assignments.
   3. Note all changes adaptations and revisions.

NOVEMBER

C. The Council will review previous year's grants management process to recommend changes, if needed. Particular attention will be paid to:
   1. The grant proposal solicitation process based on previously mentioned geographical distribution of service needs.
   2. Relevant material regarding federal regulatory changes or State Plan revisions.

D. The Council will review a summary prepared by the Division of Mental Retardation on previous year's grant actions (grants which ended September 29, 1982). Recommendations to improve congruency will be made to the Division of Mental Retardation, if needed.

DECEMBER

E. The Division of Mental Retardation will implement recommendations made by the Council regarding grant solicitation process and any changes required by federal regulations or State Plan revisions.

F. Issue invitations to submit Letters of Intent.
   1. Provide standard format to potential applicants.
   2. Provide summary of Developmentally Disabilities Council goals and objectives.
   3. Provide information concerning limitations and capabilities inherent in the service grant system.

FEBRUARY

G. Receive Letters of Intent and process proposals.
   1. Examine each Letter of Intent in light of identified service gaps.
   2. Consider needs relative to proposals and resources available for each goal.
   3. Where possible, refer applicants to more appropriate sources of funding.

H. Notify agencies submitting Letter of Intent of the Division of Mental Retardation's analysis.
   1. Tell agencies whose applications appear inappropriate the reason(s) why their proposals seem unsuitable. Allow for response from applicant.
   2. Inform all applicants whose proposals meet minimum guidelines concerning goals and objectives.

Include with notification, materials necessary to produce a standard application for a service grant by the specified date.

3. Share consolidated data with the Developmental Disabilities Council regarding content, distribution, program nature and goal applicability of Letters of Intent. Prepare a plan jointly with the Council which would initiate projects where there are service needs but no adequate proposals.

MAY

I. Receive applications—review and analyze proposals.
  1. Categorize applications by geographic service area.
  2. Order each area's applications by Priority Service Area.
  3. Evaluate according to State Plan monetary allocations.

J. Assessment and analysis of each proposal.
  1. Analyze with respect to other applications addressing the same need.
  2. Prepare written documentation of reasons for recommendation of acceptance or rejection.

JUNE

K. Present final service grant list to the Developmental Disabilities Council.
  1. Describe prospsals which are not approved. Reasons for disapproval would include:
    a. poor relationship to goals and objectives.
    b. fiscal drawbacks.
    c. inappropriate regional distributions.
  2. Describe proposals which are approved for such reasons as:
    a. goals and objectives are met.
    b. fiscal responsibility suggested and/or demonstrated.
    c. enhancement of service delivery.

L. Review and prepare administrative materials for approved grants and notify grantees.
  1. Outline fiscal responsibility and reporting procedures.
  2. Outline program responsibility and reporting procedures.
  3. Tell grantees that the funding is for one year. The grant shall run from September 30, 1983 through September 29, 1984.

M. Grants Begin.

II. Provide for the administration of a standard procedure when applicants for service grant funding have reason to seek reconsideration of a decision by the Grants Management Office.

A. When appealing a decision:
  1. The applicant may petition the Administering Agency for an INFORMAL HEARING. This hearing is managed by the Office of Grants Management.

B. If the decision reached at the INFORMAL HEARING does not resolve the impasse:
  1. The applicant may petition the Administering Agency for a FORMAL HEARING. This hearing is managed by the Director, New Jersey Division of Mental Retardation and may involve the Deputy Director and any or all of the staff members involved.

C. If the decision reached at the FORMAL HEARING does not resolve the impasse:
  1. The applicant may request that the Department of Human Services implement its FAIR HEARING PROCEDURES. The presiding officer will be named by the Commissioner, Department of Human Services.

III. Evaluation of programs funded with service grants.

A. On-site inspection.
  1. Conduct fiscal audits (using personnel of the Division of Mental Retardation's Office of Management Operations) to monitor funding procedures.
  2. Conduct program evaluations, using the staff of the Grants Management Office.

B. Periodic Reporting.
  1. Require fiscal reports to be submitted in standard form for monthly review of the Office of Grants Management.

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2. Require program reports to be submitted in standard form monthly to the Office of Grants Management.

C. Administering Agency reporting responsibilities.
   1. Prepare all fiscal documents through the Office of Grants Management.
   2. Prepare service grant evaluations and digest of field observations through the staff of the Office of Grants Management. Provide review for the Council's Planning, or its Executive and Program Audit Committees, on service grants.
   3. Monitor Individualized Habilitation Plans (IHP).

D. Program Audit Committee.
   1. Responsible for looking at selected samples of those projects funded by Developmental Disabilities service grants to ascertain what impact such projects have on the overall service network.
   2. Responsible for looking at the Division of Mental Retardation to monitor their performance in implementing the goals and objectives of the Annual State Plan for Developmental Disabilities.

As the agency designated to administer for the New Jersey Developmental Disabilities Council, the Division of Mental Retardation employs three staff persons within its Office of Grants Management to provide administrative support to the Council and to administer service grant awards.

The Office of Grants Management is located at:

New Jersey Division of Mental Retardation
Capital Place One
222 South Warren Street
Trenton, New Jersey 08625
(609) 984-7351

Section IV:

The State Context

What services are available to persons with developmental disabilities in New Jersey?

Services are available to individuals with developmental disabilities through public and private agencies. The majority of the agencies do not serve developmentally disabled persons as the only target group, but rather include developmentally disabled persons as one part of a broad group of eligible individuals.

Agencies which comprise the public service network are those located within the various departments of state government. While each agency in the public service network is organized and administered independent of one another, they all include developmentally disabled persons as a part of their target population.

Private agencies are organized in a variety of ways. Some provide specialized services for which all developmentally disabled persons are eligible, while others serve only a particular segment of the developmentally disabled population, such as persons with cerebral palsy or mental retardation. Many services are provided by private agencies under a contract with state agencies. For instance, Adult Activity Centers and Work Activity Training Centers are administered by private agencies under contract with the State Division of Mental Retardation and the Division of Vocational Rehabilitation Services, respectively.

Each agency in both the public and private sectors provides some needed service(s) to selected segments of the developmentally disabled population. Together, these agencies comprise the network of services for developmentally disabled citizens of New Jersey.

This section will identify those key public agencies providing services to severely handicapped persons. Additionally, an attempt was made over the past year to expand the number of private agencies included in the plan. A discussion of gaps in services, along with Council activities directed toward filling those gaps, will follow the agency descriptions.

The public agency descriptions have been organized in alphabetical order by department, and include the following agencies:

Department of Community Affairs
Office of Recreation
Rental Assistance Program

Department of Education
Branch of Special Education and Pupil Personnel Services
Division of Vocational Education and Career Preparation

Department of Health
Maternal and Child Health Program
Special Child Health Services

New Jersey Transit
Reduced Fare Transportation Program
Section 16 (b) (2) Program

Department of Transportation
Office of Coordinated Transportation

Department of Human Services
Division of Medical Assistance and Health Services
  Early and Periodic Screening, Diagnosis and Treatment Program
Division of Public Welfare
Division of Mental Health and Hospitals
Division of Mental Retardation
Division of Youth and Family Services
Statewide Computerized Referral-Information Program
Title XX Program

Department of Labor
Division of Vocational Rehabilitation Services

Department of the Public Advocate
Division of Advocacy for the Developmentally Disabled

The agency descriptions which follow include information on the target population, budget, and scope of services for each agency. Wherever possible, agencies were asked to estimate, of the total clients served, the number with developmental disabilities. Additionally, staff resources were determined.

Department of Community Affairs

Services and Resources of the Office of Recreation

Located in the Department of Community Affairs, the Office of Recreation, Bureau of Community Resources, administers three programs concerned specifically with recreation opportunities for handicapped people. The three programs are as follows:

1. Office on Community Recreation for Handicapped Persons.
2. Handicapped Person's Recreational Opportunities Program.
3. Program for Special Games

Office on Community Recreation for Handicapped Persons

Programs of this office are directed toward improving recreational opportunities for handicapped persons through the implementation of a comprehensive in-service educational system for recreation practitioners, handicapped persons and their guardians, and other interested persons. The office works to coordinate recreation programs, provides information and referral to programs, and otherwise assists interested individuals in finding, developing, expanding and evaluating recreation programs for disabled persons.

The budget for this program is $60,000 of which $50,000 is federally funded through a grant from the Office of Special Education and Rehabilitation Services. The remaining $10,000 are state funds.

Handicapped Person's Recreational Opportunities Program

This provides financial assistance to municipalities and counties to provide specialized short and long-term recreation programs for handicapped persons. Grants are awarded in the amount of $5.00 for each $1.00 appropriated by the approved municipality or county. Any county, municipality, school districts or private nonprofit agency may apply. However, all applications must be made through a political subdivision.

Program for Special Games

The purpose of this program is to increase the availability of athletic recreational activities for handicapped persons. Specifically, financial and technical assistance is provided to the Special Olympics and the Tournament of Champions programs in New Jersey. The budget for this program is $125,000.

Additional information on these programs may be obtained at (609) 984-6650.

Services and Resources of the Rental Assistance Program

The Rental Assistance Program, located within the New Jersey Department of Community Affairs, administers a Section 8 Existing Housing Program established under the Housing and Community Development Act of 1974. The program assists lower income families to secure decent, safe and sanitary rental housing. This is made possible by assuring that no family in the program pays more than 30 percent of its monthly income towards the total monthly cost of rent and estimated utilities. The difference between the families's rental payment and actual rent for the unit is paid directly to the family's landlord each month by the Rental Assistance Program. Rentals for housing units included in the program must be within "fair market rent" limits set by HUD.

Although the program makes reference to lower income "families," single individuals who are 62 years of age or older, disabled handicapped, or displaced are eligible if they meet the income requirements set by the U.S. Department of Housing and Urban Development. Income limits for eligibility are determined according to the size of the family and the county in which the family (or individual) lives.

The Rental Assistance Program serves the following nineteen counties: Atlantic, Bergen, Camden, Cape May, Cumberland, Essex, Gloucester, Hudson, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Salem, Somerset, Sussex, Union, and Warren.

The goals of the Rental Assistance Program are as follows:

1. To provide people with limited incomes the opportunity to pay a fair amount for housing while living in the area of their choice.
2. To reserve 20 percent of all units specifically for handicapped and/or elderly people, including the developmentally disabled.

To be eligible, a handicapped person must earn an income which is below the level set by the U.S. Department of Housing and Urban Development (HUD). Generally, any mentally or physically handicapped person paying over thirty percent of his or her income for rent is eligible. Additionally, federal regulations allow for the Rental Assistance Program to fund handicapped individuals living in group homes.

The Rental Assistance Program is only one of the agencies administering Section 8 funds. There are many local agencies, most of them municipal or county housing authorities, which also administer the program. Persons who live within the jurisdiction of a local agency must first apply to the local housing agency. However, these local agencies are not required to set aside units specifically for the handicapped. Thus, it is reasonable to assume that most handicapped persons receiving Section 8 Rental Assistance are clients of the Rental Assistance Program.

In addition to the Section 8 Rental Assistance Program, the Rental Assistance Program is currently administering a Section 8 Moderate Rehabilitation Program to assist in the rehabilitation of buildings that require a moderate amount of restoration to meet established standards for housing. Buildings whose population is eligible for Section 8 funding qualify for the Moderate Rehabilitation Program. Two hundred and eighty-seven units are currently funded under this program.

Of the 5,578 units currently funded under the Rental Assistance Program, 938 units have been reserved for handicapped persons. These units are in Bergen, Camden, Essex, Hudson, Middlesex, Monmouth, Somerset, Union and Warren Counties. In addition, the program reserves at least 20 percent of the remaining 4,640 units, approximately 928, for handicapped and/or elderly persons. Thus, approximately 1,866 units are potentially available to developmentally disabled individuals, as well as other handicapped and/or elderly persons. While it is not possible to determine exactly how many participants in the Rental Assistance Program are developmentally disabled, the program estimates that approximately 25 percent of its total units are utilized by handicapped persons.

The Rental Assistance Program is totally funded by the U.S. Department of Housing and Urban Development. The budgetary allocation for the program is contingent upon the number of housing units that are made available. The total agency budget for FY 1982 is $19,824,937. The average yearly per capita rental assistance payment is estimated to be $3,000.

Twenty-four administrative personnel are located in the central office in Trenton. A total of 43 field staff are employed by the Rental Assistance Program. These staff members, who are considered para-professional personnel, are located in each of the counties in which the program operates. There are 33 field service coordinators in the state. While field coordinators may refer program participants to landlords that have vacancies, clients must find their own apartment.

Evaluation activities include making special studies of various issues to justify requests for higher Fair Market Rents. In the current fiscal year, ongoing rent surveys have been undertaken in almost every county. In each instance in which a request for Higher Fair Market Rents has been made, HUD has granted approval. This has enabled many people who could not find housing within the original Fair Market Rent range to participate in the program. Evaluation techniques also include solicitation of information from tenants and landlords concerning the quality of services provided. Field supervisors distribute a follow-up questionnaire to tenants and landlords after six to twelve weeks in the program in order that they may evaluate the program's weak and strong points (including questions dealing with both the standard of housing and personnel effectiveness). Program policies are reviewed in light of the findings from the completed questionnaire. All rental units subsidized under the program must comply with safety, health and accessibility standards. Inspection is made of each unit as well as periodic spot checks on the housing quality and the extent of tenant/landlord briefings of the program's regulations.

To ensure staff competency, the Rental Assistance Program requires that all field staff members take a housing quality standard course through HUD and Rutgers University in New Brunswick. In addition, an effort is made to direct staff into relevant workshops and conferences sponsored by other agencies. Training money is available for education based on the relevance of the educational program to the job title.

Department of Education

Services and Resources of the Division of Vocational Education and Career Preparation

The Division of Vocational Education and Career Preparation, located within the state Department of Education, promotes the development of special and modified vocational education programs to meet the vocational needs of school-aged persons. These programs are designed to increase an individual's employability through skill-oriented training programs. Developmentally disabled individuals of school age are included in the division's target population.

The Division of Vocational Education provides technical assistance and direct financial aid to local school districts so they may develop and implement occupational training programs, vocational education programs, vocational counseling and guidance services. The division engages in statewide planning and evaluation, curriculum development, personnel training and research. Special priority is given to the development of vocational education programs in areas of the state with a high incidence of unemployment and school drop-outs.

Special activities for handicapped students, including those with developmental disabilities, center around improving access to vocational programs. Division objectives for 1983 are as follows:

1. Assist local education agencies and other eligible recipients in providing opportunities for more handicapped students to develop realistic vocational goals and employable skills by increasing their enrollments in occupational programs.
2. Cooperate with other institutions and agencies to coordinate the development and implementation of projects which are jointly planned to serve the needs of the handicapped.
3. Assist local educational agencies and other eligible recipients to establish, improve and maintain occupational programs and courses to serve the needs of handicapped students on a level commensurate with the individual district authorizations.

An end-of-the-year program participation report indicated that approximately 18,000 handicapped students participated in full- and part-time vocational programs and services in school year 1981-82. This figure includes developmentally disabled students, as it is not possible to determine an exact number.

The division is currently working at full capacity. Service expansion is constrained by the shortage of trained vocational educators specializing in serving handicapped students as well as limited funding. The Division of Vocational Education and Career Preparation is currently providing technical assistance to staff at Kean College of New Jersey to promote the development of a Masters Degree Program in Career Education for handicapped individuals.

The total agency budget for FY 1982 was $24,400,000. Federal funds accounted for $17,962,943, or 74 percent of the total. Special programs serving handicapped students received an appropriation of approximately $1,996,000. The Division of Vocational Education and Career Preparation employs eighty professional staff, two of whom are specifically assigned to provide services to handicapped students.

To ensure quality of services, the Division of Vocational Education utilizes an evaluation which includes self-report analysis surveys, site visits, planning, consultation and data collection. Technical assistance and supervisory services are provided to local educational agencies in order to develop, revise and improve programs. To ensure that each student receives the best possible services based upon his/her ability, the division has set up different types of vocational education programs, specially structured programs and innovative programs. Individualized programs are developed for each student receiving vocational education services in keeping with their Individualized Education Programs (IEP). In the formulation of this plan, the student's needs, interests and abilities are taken into account. Other factors considered include: Short and long term labor market needs and trends, concepts and innovative programs from research and professional literature. The priorities, policies, rules and regulations of the Department of Education are also taken into consideration when evaluating the quality of services provided and the delivery of such services.

Federal law mandates that all vocational education programs be evaluated every five years. The Division of Vocational Education and Career Preparation has established an evaluation system to monitor services in addition to the method discussed above. Teams of program personnel evaluate programs in a particular school chosen at random. The teams assess the quality of the programs by reviewing whether the goals and objectives were met and by collecting and analyzing information regarding the types of employment programs graduates receive as they enter the labor force.

Inservice training for Division of Vocational Education personnel is carried out by the U.S. Department of Education, Branch of Special Education and Pupil Personnel Services, and workshops sponsored by regional

Educational Improvement Centers. Training for central office staff is mostly through Educational Improvement Center sponsored workshops.

Services and Resources of the Branch of Special Education and Pupil Personnel Services

The Branch of Special Education and Pupil Personnel Services is located within the New Jersey Department of Education, Division of School Programs. The Branch operates pursuant to the State Constitution and Title 18A:46 of the New Jersey Statutes Annotated. It is also responsible for carrying out the mandates of P.L. 94-142, the Education of All Handicapped Children Act. The Branch is responsible for the administration, planning and supervision of all State funded special education programs and services for handicapped children in the public schools. Services are provided in order to maintain a thorough and efficient system of free public education in the state. The Branch also determines the eligibility of private schools to provide educational programs to handicapped students under contractural agreements with local boards of education. Developmentally disabled children are included in the target population of handicapped children served by the Branch. Local boards of education are responsible for the provision of services to handicapped children. Evaluation and classification of handicapped children are carried out by local child study teams. The basic child study team is composed of a school psychologist, school social worker and learning disability teacher-consultant. Evaluation by a physician is required for classification of a student. Other professionals, including medical and health professionals and teachers may also be consulted by the child study team. The child's parents must be notified of and agree to the evaluation and classification and placement of their child. A mechanism for appeal and independent evaluation is available to parents who disagree with the decisions of the child study team.

A child is considered educationally handicapped when he or she is physically, emotionally, intellectually or socially impaired to such an extent that special education is necessary in order to function successfully in an educational program. In New Jersey, the following classifications are utilized:

- Mentally Retarded (Trainable or Educable)
- Visually Handicapped
- Auditorially Handicapped
- Communication Handicapped
- Neurologically or Perceptually Impaired
- Orthopedically Handicapped
- Chronically Ill
- Emotionally Disturbed
- Socially Maladjusted
- Multiply Handicapped
- Eligible for Day Training
  (Severely or Profoundly Retarded)

Local boards of education are required to provide special education programs to students in each classification except for students deemed "eligible for day training." Programs for these children are the joint responsibility of the Department of Education and the Division of Mental Retardation.

During the 1982-83 school year students over five and under twenty were the primary target population of the branch. A total of $4,000,000 of state and federal funds was used earmarked to provide preschool programs for handicapped children. In FY '82 approximately 160,000 children received special education programs, of which 6,500 were preschool-aged handicapped. Developmentally disabled students are included in the various categories of handicapping conditions.

Due to the recent passage of a bill requiring preschool programs for handicapped children (P.L. 1981, Chapter 415), in the 1983-84 school year the target population the branch is mandated to serve will be broadened. The new law requires local boards of education to identify handicapped children between the ages of three and five and provide them with special education programs and related services. In addition, local boards will be responsible for providing information to parents on programs and services available to handicapped children under three years of age. Services for infants under three will be the responsibility of the Department of Education in conjunction with the Departments of Health and Human Services. Funding for services to infants will be phased in over three years as follows:

1,000 Infants Served in School Year 1983-84;
2,000 in 1984-85; and
4,000 in 1985-86.

P.L. 94-142 and New Jersey law require that each classified student have an Individualized Education Program. The IEP is developed by the child study team in cooperation with the pupil's parents(s), teacher(s) and administrator(s) having knowledge of the pupil's education performance and the pupil where appropriate. The Individualized Program consists of two parts: A basic plan section which consists of summaries of the child study team's findings, and an instructional guide section which includes a planned schedule, instructional strategies, techniques, activities and any special instructions for media and material which are appropriate to the needs of the handicapped child. The IEP is reviewed annually with the parent(s) and revised as necessary.

The branch is also responsible for statewide coordination of planning and implementation of child identification services. Identification activities include Project Child Find, County Screening Programs for preschool-aged children in each of New Jersey's twenty-one counties, and public awareness programs. Project Child Find utilizes a toll-free telephone number (800-322-8174) which is advertised through a statewide multi-media school children with handicapped conditions were screened and evaluated by Basic Child Study Centers. Approximately 400 children were referred to ongoing projects conducted by local school districts following initial screening at the county [illegible] in 1981.

The total FY 1981 appropriation for special education services in the State of New Jersey was approximately $322,500,000. This includes: State aid to local districts totaling $187,500,000, local allocation of $125,000,000, and Federal aid amounting to $42,000,000. The average per capita expenditure for special education services was approximately $3,125. This estimate excludes 60,000 children who received only speech correction services.

The total number of personnel employed during the 1981-1982 school year for services to the handicapped was 18,950. The specific breakdown of special education personnel was as follows:

Teachers of Special Classes	4,940
Resource Room Teachers	1,963
Itinerant Consulting Teachers	1,360
Learning Disabilities Specialist	1,021
Psychologists	778
School Social Workers	783
Occupational Therapists	23
Home-Hospital Teachers	988
Speech Pathologists	935
Audiologists	101
Teacher Aids	983
Vocational Education Teacher	500
Work-Study Coordinators	60
Physical Education Teachers	2,296
Supervisors	281
Other Non-Instructional Staff	1,938

The Branch of Special Education and Pupil Personnel Services seeks to ensure a quality and sequential educational program for each handicapped resident in need of services. It is the policy of the state to require that each agency responsible for providing educational services to handicapped children ensure that those services are provided within the least restrictive environment for the individual child, and are comparable in quality and scope to the services provided to non-handicapped students.

Evaluation of services is done on a continuous basis. Programs are evaluated both quantitatively and qualitatively. Quantitative measures include the number of children needing pre-determined services in relation to the number receiving such services, the number of new programs established to meet specific goals, the amount of funds committed for special projects, and the number of professionals added to staff to increase services.

Qualitatively, evaluation is based on the adequacy of existing programs and in the number of children receiving special education services whose educational impairments are reduced. Another important qualitative indicator used in evaluation is the number of students who are able to obtain employment after special education instruction.

Evaluation occurs at various levels in the system. Each local school district is required to evaluate annually its own educational programs and services for the handicapped, and to submitted an annual report to the state on progress in conforming to the goals, objectives and standards developed by the State. The Child Study Supervisor, in each of New Jersey's 21 counties has overall responsibility for the supervision of the special education programs and services of the local school districts in the respective counties they serve. Part of that responsibility involves an annual monitoring of the local educational plan in accordance with the state's Thorough and Efficient law. In addition to the annual thorough and efficient monitoring procedure, the Branch conducts comprehensive evaluations of a sample of local school districts to determine whether or not procedures and activities of the local district are in full compliance to all state and federal rules.

The Branch of Special Education and Pupil Personnel Service has a federal grant to set up conferences and workshops at colleges and universities on the special needs of handicapped children. Also sponsored are inservice training programs for staff in the public and private schools.

Department of Health

Services & Resources of Special Child Health Services

Special Child Health Services Program, with a combination of state and federal funds and under the supervision of the state Department of Health, promotes early identification, evaluation, diagnosis and treatment of children with special health needs and potentially handicapped conditions.

The Program includes the following components:

Medical/Rehabilitations Services
Case Management Services
Genetic Services
Juvenile Terminal Illness Assistance Program

Any infant or child under 21 years of age with special health needs as a result of a disease, defect or condition which may hinder normal growth and development may be eligible for services provided directly through the Program or by agencies which hold a contract with the Program.

To assure that medically indigent children have access to necessary services, Program funds are directed to support the development of comprehensive services in those agencies that serve a large population of indigent or medically indigent children.

The Program and agencies funded by it utilize sliding fee scales which consider a family's ability to pay for needed services. Other third-party resources, including other governmental agencies which are authorized or under legal obligation to pay for such services, are considered first payor.

Medical/Rehabilitation Services

Birth Defects Registry

State Law requires that all infants born with a visible defect be registered with the Department of Health. Registration of children diagnosed as having cerebral palsy is also required. Registration of other children who have special needs or are at risk for developing a handicapped conditions is strongly encouraged.

As a result of the registration, parents are contacted either by the Program or by a case manager to assure that the child is receiving necessary health services. Individually identifying information is not released except as previously noted.

The registry data is used by the Program in its process of planning services. Approximately 600 infants and children are registered each month.

Scope of Services

1. Inpatient Services

   Passage of Chapter 83 of NJSA and its provisions for the reimbursement of hospitals for care to the medically indigent has necessitated that the Program revise its methods of supporting inpatient care.

   In 1982, the Program announced that it would no longer provide direct financial assistance for coverage of inpatient care for children whose families had no other resources for payment. Instead the Program is contracting with selected hospitals in the State to liberalize their credit and collection procedures for those children who would traditionally have been eligible for financial assistance.

   These contracts assure access to the following inpatient services; neonatal intensive care, specialized pediatric care and intensive rehabilitation.

2. Outpatient Services

   a. Medical Evaluation/Diagnostic/Treatment Services

   The Program is supporting the development of comprehensive evaluation, diagnosis and treatment of children with multisystem diseases and disorders at three regional centers. A full range of specialty and subspecialty services are available to address the needs of children with chronic pulmonary disorders, cystic fibrosis, hematologic/oncologic diseases, cardiac diseases and disorders, and other multiple handicapped conditions. These centers are located at the three primary teaching hospitals of the University of Medicine and Dentistry of New Jersey.

   In addition, the Program funds three evaluation and treatment centers for children with craniofacial anomalies including cleft lip and cleft palate.

   Child Evaluation Centers are also funded on a regional basis to provide for evaluation of those children who are showing evidence of neuro-developmental problems.

b. Neonatal Follow-up Programs

Support is provided to designated Level III—Regional Perinatal Centers to enhance periodic follow-up of infants who received neonatal intensive care services and who are at risk for developmental disabilities. In addition to this service component, these programs also evaluate the effectiveness of specific forms of therapy and management provided during the perinatal period.

c. Comprehensive Rehabilitation Services

Outpatient rehabilitative services, including physical and occupational therapy and services for children with communication disorders are funded through free-standing and hospital-based programs. Services in some of these agencies are limited to the 0-3 population of infants at risk for developing handicapped conditions, but the majority provide services to children ages 0-21.

3. Purchase of Equipment, Drugs and Special Services

The Program will provide financial assistance toward the purchase of braces, prosthetic devices and hearing aids if a family has no other resources to pay for such equipment.

Drugs for children (and for adults through State Appropriations) with cystic fibrosis are purchased by the Program for persons meeting financial eligibility criteria. It is expected that this coverage will be expanded to children with other identified diseases/disorders in 1983.

Limited support is available for skilled nursing care in the home and other services identified in a child's Individual Service Plan, which are not available from any other state agency. Prior Program approval is required for these services.

Case Management Services

To promote a more comprehensive and individualized service for handicapped children, Special Child Health Services established a Case Management Unit within its program. Its focus is directed toward the development of units in county health departments. They are nearer to the child's home, allow a personal, coordinated approach to the use of community services and thereby decrease duplication of services.

For the purpose of the Special Child Health Services Program, Case Management is defined as a system which facilitates the provision of appropriate comprehensive services for handicapped children and their families. These services address the health needs of children. They contribute to the improved development of the child and include his/her educational, emotional, medical and social needs. Severely disabled children, such as those who are SSI recipients and/or those children receiving services from multiple agencies, receive priority.

Case Management as a goal directed system assists the child/family in their movement toward self-actualization through counseling and the development of an individual service plan. This service plan identifies the needs of the child through the use of written objectives. The case manager monitors closely the receipt of services and the progress of the child.

Special Child Health Service Case Management Units are in operation in Camden, Middlesex, Bergen, Hudson, Burlington and Mercer counties. By 1983, additional units should be operational in Ocean, Cape May, Passaic, Monmouth, Cumberland, Gloucester and Salem counties. It is planned that all counties will have such units by the end of 1984. Case management services are provided directly by SCHS Program staff pending development of units to cover all counties.

Genetic Services Program

Voluntary genetic testing and counseling services are available on a statewide basis through a network of service centers funded by the Genetic Services Program. The network includes three major centers located at UMDNJ New Jersey Medical School (at Newark), UMDNJ-Rutgers Medical School and Jefferson Medical College and nine satellite centers strategically located through New Jersey. All satellites have a formal affiliation with one of the major centers.

A sliding fee scale is used for all counseling and testing services if other third-party payment resources including governmental agencies, are not available.

Juvenile Terminal Illness Assistance Program

The Juvenile Terminal Illness Assistance Program provides limited financial support for outpatient clinics providing services to children with cancer and provides partial support for one satellite oncology clinic of Children's Hospital of Philadelphia at Mercer Medical Center, Trenton.

It is estimated that the Special Child Health Services Program served more than 18,000 children and 9,000 adults (Genetics Program) in FY 1982. The Special Child Health Services employs a staff of twelve professionals. Agency resources for FY 1982 totaled approximately million, of which $2.7 million was federal and $1.9 million was State funds. Funds from all Special Child Health Services component programs are limited to health care agencies/facilities which meet the Program's criteria for quality care. Services are provided by qualified teams under the direction of physicians who are Board Certified in the appropriate specialty.

For further information regarding program services or services for a specific child, contact the program office at (609) 292-5676.

Services and Resources of the Maternal and Child Health Program

The Maternal and Child Health Program is part of Paternal and Child Health Services which is situated in the Division of Community Health Services within the New Jersey Department of Health. The main goal of the program is to improve the health of mothers and children in the State of New Jersey, with special emphasis on pregnant women, infants and preschool-aged children. The focus of the program is to prevent major health problems by contracting with local agencies, e.g., private non-profit agencies, health departments, hospitals and medical schools, which provide a variety of health services to women and children. Among the programs provided are pre-natal and perinatal care, child health supervision (routine care including physicals, evaluations, immunizations, etc.), and professional health training. Within the Maternal and Child Health Program is the Woman, Infants and Children Supplemental Food Program (WIC).

Eligibility for services is determined by the local agencies under contract to the Maternal and Child Health Program for the provision of services. It is usually dependent upon the family income level and the number of persons per family.

Specific objectives established for the programs include:

1. Provision of Prenatal Care Services to those women who might otherwise have difficulty in obtaining access to such care. Approximately 9,000 women received such services.
2. Continued expansion of Child Health Services (child health supervision and immunization). Over the last fiscal year approximately 72,000 children were served by Child Health Conferences; 3,000 were given medical services at the Children and Youth Project in Paterson; and 400 infants were served in the Neonatal Intensive Care Unit in Newark which is partially supported by a grant from MCH.
3. Provision of standards and guidelines and consultations for health services. Updating of standards and guidelines as it becomes necessary.
4. Implementation of preventive DD measures with the expansion of screening programs for newborns, especially hypothyroid screening. It is estimated that since January 1979, at least 95 percent of the infants born are screened for hypothyroidism. Over ninety-five percent are also screened for PKU. A newborn hearing screening program has been in operation since July 1, 1980, and as of November 15, 1982 newborn screening has included galactosemia.
5. Education programs for health professionals. MCH supports courses, regional meetings and other types of education programs for health professionals.
6. Expansion of reporting and review of maternal deaths.
7. Collection, tabulation, review and promulgation of figures on Maternity Services and Child Health Services.
8. Continued subsidization of Family Planning, Dental and Accident Prevention and Poison Control Programs.

Objectives for the WIC Program are the provision of specific nutritious food supplements to pregnant, post-partum, and breast-feeding women, and to infants and children up to their fifth birthday, who are determined by competent professionals to be at nutritional risk and who also meet the residency and income criteria. Services are intended to be given in the health care setting. Eligibility for services includes residence in an area served by the local WIC program and an income lower than 195 percent of the poverty level. In FY 1982, the WIC Program served approximately 48,000 women and children, with a total budget of $20.1 million.

For FY 1982, The Maternal and Child Health Program had a total budget of $3,184,000, all but $67,000 of which is federal funds. There are currently twenty persons employed by the program. The service emphasis is on prevention, with approximately 80 percent of total expenditures on prenatal care.

Department of Human Services

Services and Resources of the Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT)

The purpose of the EPSDT program is to make available to all eligible persons under age 21 early identification of correctable disorders and subsequent referral for diagnosis and treatment when appropriate. Medicaid District offices and caseworkers at County Welfare Agencies and District Offices of the State Division of Youth and Family Services can provide prospective clients with information concerning the EPSDT Program.

Children covered under the program are eligible to receive medical, dental, vision and hearing screening and other needed services including immunization against childhood diseases. Diagnostic and treatment services are provided by participating private physicians, independent clinics and hospitals. Rehabilitative and preventive health care services, including EPSDT, are available to all medicaid eligible disabled children. The EPSDT program provides for outreaching, informing and support services, where requested, to obtain screening, diagnosis and needed follow-up treatment services.

During the fiscal year 1982, a total of 38,216 children were screened. Of those children that were screened, 36.7 percent (14,038) were referred for diagnosis and treatment. In an average month, 318,972 children were eligible for EPSDT screening. However, all Medicaid program services are available to all eligible children, whether or not they participate in EPSDT.

Approximately 6,500 private physicians in New Jersey participate in EPSDT, and there are also approximately 80 public and private clinics who provide services. The total payment for EPSDT screening exams was $971,903 for FY 1982. The average cost per exam was $25.43.

Quality of services provided is assured through the requirement that all physicians rendering services through the Medicaid Child Health Treatment Program be licensed by the N.J. State Board of Medical Examiners or by a comparable board in a state in which they practice medicine.

Services and Resources of the Division of Medical Assistance and Health Services

Within the Department of Human Services, the Division of Medical Assistance and Health Services administers the Title XIX (Medicaid) program in New Jersey. Medicaid is a federally-funded, state-administered program designed to pay claims for covered medical services provided to eligible needy persons.

The Division of Medical Assistance has central offices in Trenton and local units throughout the state. The sixteen Local Medicaid District Offices are listed below.

1. 1 South New York Avenue
   Atlantic City, NJ 08401
   (Atlantic County)
2. 50 Main Street
   Hackensack, NJ 07601
   (Bergen County)
3. Chesley & Alloway Building
   50 Rancocos Road
   Mount Holly, NJ 08060
   (Burlington County)
4. Parkade Building, Room 207
   519 Federal Street
   P.O. Box 1089
   Camden, NJ 08101
   (Camden County)
5. 501 Landis Avenue—Basement
   Vineland, NJ 08360
   (Cumberland & Cape May Counties)
6. 155 Washington Street
   Newark, NJ 07102
   (Essex County)
7. Southwood Shopping Center
   Woodbury, NJ 08096
   (Gloucester & Salem Counties)
8. 880 Bergen Avenue
   Jersey City, NJ 07306
   (Hudson County)
9. 84 Park Avenue, 2nd Floor
   Flemington, NJ 08822
   (Hunterdon, Somerset &
   Warren Counties)
10. 1424 South Broad Street
    Trenton, NJ 08610
    (Mercer County)
11. 75 Paterson Street—Basement
    P.O. Box 1274
    New Brunswick, NJ 08903
    (Middlesex County)
12. 1200 Memorial Drive
    Asbury Park, NJ 07712
    (Monmouth County)

13. 10 Park Place
4th Floor
Morristown, NJ 07960
(Morris & Sussex Counties)

14. 1861 Hooper Avenue
Toms River, NJ 08753
(Ocean County)

15. 100 Hamilton Plaza, 9th Floor
Market Street
Paterson, NJ 07505
(Passaic County)

16. 125 Broad Street
Hersh Towers, 6th Floor
Elizabeth, NJ 07208
(Union County)

The goals of the Division of Medical Assistance and Health Services as set forth by the Director's Office set the policies and direction of the entire Medicaid Program. They are:

1. To enable persons eligible for categorical assistance to secure quality medical care and treatment.
2. To formulate optimal standards for authorized health services and for qualified providers.
3. To provide for immediate diagnosis, treatment and correction of acute illness; disease and disability to those determined eligible for categorical assistance.
4. To foster alternative sources and new and improved methods for the delivery of health care services.

The following services are included in New Jersey's Title XIX program: Inpatient and outpatient hospital services, laboratory and X-ray services, skilled nursing and intermediate care facility services, physicians' services, home health services, clinic services, nurse-midwifery services, dental services, optometric, podiatric, chiropractic and psychological services, prescribed drugs, prosthetic devices, and hearing aids. Some of these services require prior authorization from the division.

These services are not provided directly by the division; they are available from independent practitioners and/or facilities within the health care community. Payment is made to the provider(s) of service, not the individual(s) who receive them. Transportation is available to and from providers of medical care, but must be prior authorized by one of the Medicaid District offices listed above. Prior authorization is not required in a medical emergency.

Persons who wish to receive Title XIX services must establish financial eligibility with the appropriate agency. The major categories, and respective agencies who determine eligibility are listed below:

Category of Eligibles:	**Agency Making Determination:**
Aid to Families with Dependent Children (AFDC) and Refugee Programs	County Welfare Agencies
Aged, Blind and Disabled (Supplemental Security Income—SSI)	Social Security Administration
Children in Foster Care	Division of Youth and Family Services (DYFS)
Institutionalized Persons who Require Medicaid Only	County Welfare Agencies make determinations in community institutions, such as long-term care facilities. The Bureau of Local Operations (within the Division of Public Welfare) make determinations for patients in state and county psychiatric hospitals, including ICF/MR facilities.

Medicaid does not have a specific category of persons classified as "developmentally disabled." Instead, persons with disabilities who are otherwise eligible for one of the categorical assistance programs are entitled to receive Title XIX services. Throughout FY 1982 the average number of persons eligible to receive Medicaid because they received SSI for the disabled was 65,138. The average monthly utilization rate was 41,044.

The division has a staff of approximately 559 persons who are responsible for administering the program. The total FY 1983 state appropriation for the Division of Medical Assistance and Health Services was $433,580,000.

The Division of Medical Assistance and Health Services extensively monitors payments under the Medicaid program to ensure quality. A computerized system monitors vendor payments and recipient utilization on a random and selective basis in order to protect against misuse, fraud and error. Every long-term patient is visited and evaluated in order to ensure quality of services. In addition, pharmacies are sampled to ensure quality of service and compliance with regulations. Formal habilitation planning has not been undertaken within the Division of Medical Assistance and Health Services because the requirements are not applicable to the functions of the agency.

Services and Resources of the Division of Mental Health and Hospitals

The Division of Mental Health and Hospitals of the New Jersey Department of Human Services is charged with the coordination and management responsiblities for those separate facilities, institutions and services involved in the comprehensive program of mental health in the state. The division contracts with the College of Medicine and Dentistry of New Jersey to operate Community Mental Centers in New Brunswick and Newark. The division operates six psychiatric hospitals in the State. They are:

Greystone Park Psychiatric Hospital
    (Serving Sussex, Passaic, Morris and Bergen Counties)
Trenton Psychiatric Hospital
    (Serving Hudson, Hunterdon, Mercer, Somerset and Warren
    Counties and City of Newark)
Marlboro Psychiatric Hospital
    (Serving Union, Middlesex, Ocean, Monmouth and Essex
    Counties except City of Newark)
Ancora Psychiatric Hospital
    (Serving Atlantic, Burlington, Camden, Cape May, Cumberland
    Gloucester and Salem Counties)
Brisbane Child Treatment Center
    (All counties)
Glen Gardner Geriatric Center
    (All counties)

Outpatient community services are provided through clinics located in each county of the state.

The Division of Mental Health and Hospitals is responsible for providing a variety of services in offering a comprehensive program of mental health. These services include: outpatient and inpatient mental health services, transitional (i.e., psychiatric) and emergency services, partial hospitalization (i.e., weekday care), consultation and education, research and evaluation, screening services where courts and other public agencies are assisted to determine the appropriateness of referrals to community mental health centers, follow-up care, transitional halfway house service, alcohol services and drug services, day care for school-age and adult persons, support services involving recreation and transportation, and case management services for protection, both social and legal. Services provided by the division are directed toward those persons who are mentally ill or in need of psychological counseling for crisis intervention services. The main objective of the Division of Mental Health and Hospitals is to provide the best mental health and support services for residents of New Jersey in the most therapeutically productive and humane setting at the hospital and community levels. Services are available to the developmentally disabled at any time providing the individual has a psychiatric problem.

The Division of Mental Health and Hospitals has been engaged in a cooperative venture with the Rental Assistance Program since 1976 to utilize rental assistance subsidy slots under the Section 8 Program specifically for the mentally ill.

The goal of the mental health system is to provide comprehensive services to everyone in need. However, target populations have been established to assure that those who are *most* in need, and/or have traditionally been underserved, receive a reasonable level of service. These priorities are not to be construed as totally exclusionary. State-funded mental health program elements are directed to serve mentally retarded and other developmentally disabled individuals as they would any other person who falls within the priority groups listed in the Division of Mental Health and Hospitals' *Rules and Regulations Governing State Aid Under the Community Mental Health Centers Act.*

During fiscal year 1982, the Division of Mental health and Hospitals provided services to 138,909 clients; that is 124,300 in community programs supported with state funds, and 14,609 in the public psychiatric hospitals. From information currently available from the division's Unified Services Transaction Form System (USTF), approximately 1,300 individuals were judged as having a developmental disability in addition to a psychiatric problem. The USTF system is a standardized admission and discharge form used by all mental health agencies in the state. By definition, developmental disability includes mental retardation, cerebral palsy, autism and other similar neurological diseases. In addition, it is assumed that most of the 152 children served at the Arthur Brisbane Child Treatment Center and the 190 children served at Trenton Psychiatric Hospital fall within the category of developmental disabled.

The Division of Mental Health and Hospitals and the Division of Mental Retardation work closely together to ensure that the multiply handicapped and developmentally disabled clients in their service systems receive the most appropriate treatment interventions in the most suitable inpatient and residential settings.

Since July, 1981 the two divisions have had mutually negotiated and endorsed procedures for referring and transferring clients who are in need of alternate services. Those procedures clearly delineate the developmental functions which serve, in part, to define the predominant disability and essential treatment needs of the client.

The divisions are now planning, together, to develop placement sites and screening procedures and centers for clients identified as having dual diagnoses or multiple handicaps.

Program evaluations of all community mental health centers are done at least four times a year. Each operating community mental health center is required to complete a structural performance report issued by the Department of Human Services. The operating center must ensure the availability of the basic elements of services and compliance with annual contract commitments. The Department of Human Services also conducts a program review of community mental health centers on a periodic basis. Each center must complete an annual consolidated application, used as the basis for the program review. Administrative personnel and designated staff members of the community mental health centers are surveyed to determine whether the centers are operating in accordance with operating standards. Patients' records are examined to assure that quality service is being provided to residents. The level and quality of work the staff performs is examined by utilizing administrative records. Failure of the center to comply with recommendations made in program review reports may result in the suspension of the performance contract and for Grant-in-Aid funds until such time that the center complies with the recommendations.

To ensure proper aftercare treatment for each state psychiatric hospital patient, Individual Treatment Plans are written specifying the services to be received from a community mental health center upon discharge of the patient to that community agency. The individual plan is developed outlining the services to be provided to the person to aid him/her in making the transition into the community.

Services and Resources of the Division of Mental Retardation

The Division of Mental Retardation of the New Jersey Department of Human Services is responsible for residential, day programming and social supervision services for mentally retarded persons residing in the state.

The Community Services component of the division now encompasses what were formerly the Bureaus of Field Services, Day Training, and Adult Training Services. Community Services provides a range of care and program options for the mentally retarded client through the use of the division's own services and through linkage with other available resources.

The Regional Offices are listed below:

Metropolitan Regional Office 35 N. Fullerton Avenue Montclair, NJ 07042 Reg. Administrator—Ms. Goldie Ellis (201) 744-3140	**Serving Essex, Bergen, Hudson Passaic and Union Counties**
Northern Regional Office 108 High Street Hackettstown, NJ 07840 Reg. Administrator—Mr. John Cole (201) 852-1214	**Serving Sussex, Warren, Morris, Somerset and Hunterdon Counties**
Central Regional Office 3rd Street Bordentown, NJ Act. Reg. Administrator—Ms. G. Goehringer (609) 298-5981	**Serving Mercer, Monmouth, Burlington, Middlesex and Ocean Counties**
Southern Regional Office White Horse Pike Hammonton, NJ 08037 Reg. Administrator—Mr. Jim Ferruggiaro (609) 561-5070	**Serving Camden, Atlantic, 730 Salem, Cumberland, Gloucester and Cape May Counties**

Regional Office Casemanagers, in conjunction with the Clinical Services Team, client and family, determine the type of services best suited to the individual. As needed the Regional Office provides information, counselling and referral services, as well as ongoing casemanagement and advocacy services. Home Assistance Program services are also available and include Respite Care, Tutoring and Assistive Devices.

Community-based alternative living arrangements are also available to mentally retarded persons and are designed to address a wide range of needs. These include Family Care, Skill Development, Group Home, Supervised and Unsupervised Apartment placements.

With regard to programming, Day Training provides the care, training, and education services to all persons 5 through 20 years of age who have been determined as "eligible for day training" by their local district child study teams. The purpose of these services is to teach self-help skills and aid in the social adjustment of severely and profoundly retarded children. Day Training Services directly operate eighteen training centers. Additional services are purchased from four other service locations.

Adult Training services is the community-based program for mentally retarded clients over the age of 21 who are not eligible for other community programs (e.g., work activities training centers, sheltered workshops). Activities are designed to develop the individual's independence through three approaches:

1. Work activities in which clients are paid to do, for example, sub-contract work, prime manufacturing (arts/crafts products), and service work (cleaning services, lawn maintenance).
2. Practical arts in which clients are taught skills such as cooking, cleaning, planning a menu, and shopping.
3. Personal awareness including refinement of self-help skills and other activity of daily living skills.

There are 20 state-operated centers, and services are purchased from private agencies in 43 additional locations.

The Residential Services component of the Division of Mental Retardation administers nine state schools which provide the residential care and habilitation services to mentally retarded persons. Such services include the provision of food, clothing, training, supervision, psychological evaluation, education and recreation. Each resident also receives medical and dental treatment services. The nine state schools operated by the division are:

1. Vineland State School—Vineland, NJ
2. North Jersey Training School—Totowa, NJ
3. Woodbine State School—Woodbine, NJ
4. New Lisbon State School—New Lisbon, NJ
5. Johnstone Training & Research Center—Bordentown, NJ
6. Woodbridge State School/Edison Habilitation Center—Woodbridge and Edison, NJ
7. Hunterdon State School—Clinton, NJ
8. Neuro-Psychiatric Institute—Princeton, NJ
9. Greenbrook Regional Center—Greenbrook, NJ

The Bureau of Special Residential Services of the division is responsible for placement, in appropriate private residential facilities, of mentally retarded citizens who are in need of immediate residential services at a time when no suitable vacancy exists within New Jersey's public institutional system. Clients are referred from Field Services and must show an urgent need to be eligible for this private residential placement service. Retarded persons of all ages are eligible, and are placed in facilities which offer appropriate service programs, including training, therapy, nursing care, recreation, education and group living. Nine hundred twenty-nine clients are in private placements in 55 facilities.

The Bureau of Guardianship provides guardianship services to individuals over the age of 18 years who require guardians and who receive functional services of the Division of Mental Retardation. Guardianship personnel protect clients' rights and ensure their receipt of care, treatment and training and freedom from abuse. They monitor services provided to the individual to ensure that they are appropriate, efficient and successful, and they intervene to take appropriate action where necessary.

Located within the division, the New Jersey Foster Grandparent Program mobilizes senior citizens to provide personal care, training, education and companionship to mentally retarded persons under 18 years of age. The Foster Grandparents serve children in each of the state schools operated by the Division.

Generally, eligibility criteria for the division as a whole is that clients be mentally retarded and in need of services. A full spectrum of services are provided to the mentally retarded by the division, including domiciliary and special living arrangements, day programs of care, education and training, identification services, case management services, treatment services and family support services. In summary, they provide the whole spectrum of priority services specified in P.L. 95-602 to mentally retarded individuals. The division also provides services for autistic adults.

The division is currently involved in completing the conversion of eight of its state schools to Intermediate Care Facilities for the Mentally Retarded (ICF-MR). The only state school which will not participate in the ICF-MR program is Johnstone Training and Research Center.

To date, 80 buildings have undergone renovations and an additional 40 are projected for completion during the next fiscal year. The division is committed to ensuring that appropriate support services are available to facilitate the deinstitutionalization of current state school residents. The Division of Mental Retardation will provide case management services, adult training services and day training services directly to deinstitutionalized clients.

As of August 1982, the state schools serviced 6,141 clients. As of the same date 925 clients were receiving services from the Bureau of Special Residential Services, 982 from Day Training, and 1,511 from Adult Training. The Office of Guardianship served 6,504 persons, 4,766 of whom were residents of state schools. Approximately 900 children and adults were involved in the Foster Grandparents program.

As of August 1982, 1,010 clients received Field Service's case management services while residing in their own homes. An additional 1,859 clients received case management services while living in alternative community placements such as Skill Development, Group Homes, Family Care, and Supervised and Unsupervised Apartments. One thousand eighty-two clients received support through the Home Assistance program which includes respite care, homemaker, tutoring and assistive devices services.

For FY 1982, $159,519,682 was appropriated for operation of the state schools. The appropriation for Special Residential Services was $13,426,471. Total costs for Group Homes, Family Care and Skill Development was $10,900,000; $1,003,018; and $2,137,000, respectively. Total cost for the Adult Training Services was $12,734,025 and for Day Training, $6,224,158. Home Assistance program expenditures were $926,606.

The total FY 1982 appropriation to the Division of Mental Retardation was $215,685,148. Federal funding through ICF monies amounted to $72,380,020 of the total amount, and Title XX amounted to $4,863,494.

The programs of the division utilize a variety of evaluation strategies to monitor and improve the quality of services provided. All facilities operated or utilized by the Division are regularly inspected to insure the quality of program services and facility conditions.

Individual Habilitation Plans are now completed annually for all division clients, and serve as an integral part of the division's Standardized Client Record System of data collection. The IHP is an interdisciplinary statement which includes a review of client functioning levels and detailed behavioral goals and objectives. Field Services shares responsibility for the development of Individual Habilitation Plans with those agencies and organizations that provide services to clients residing in the community. A joint IHP—IEP format has been developed for children in order to meet the requirements of education laws in addition to other legislation applicable to the Division. Habilitation Plan Coordinators are working throughout the state to monitor the development and implementation of IHP statements.

In order to provide a higher quality level of care for its clients (and to comply with federal regulations governing ICF-MR) the Division of Mental Retardation has undertaken an extensive staff training program. The division has a training advisory committee and orientation sessions. These sessions are of varying lengths depending upon the needs of the staff. All of the state schools have training advisory committees which are responsible for assessing the training needs of staff in order to develop an ongoing inservice training program, and monitoring and evaluating all ongoing training programs.

In regard to staff training, the division has four basic goals: 1) Promote the improved provision of care; 2) Provide specific skills training; 3) Provide career development; 4) Promote staff development for DMR.

Services and Resources of the Division of Public Welfare

The Division of Public Welfare, located within the state Department of Human Services, provides categorical income assistance to eligible individuals. The division supervises and directs the following programs: Assistance to Dependent Children, Cuban Refugee Assistance, Indochinese Refugee Assistance, General Assistance, Medical Assistance for the Aged and the Federal Food Stamp Program. With the exception of the General Assistance Program, which is administered by a county welfare agency in each of New Jersey's twenty-one counties.

Generally, income maintenance to the developmentally disabled is provided under the Supplemental

Security Income Program. The Supplemental Security Income (SSI) program is administered by the federal Department of Health and Human Services through Social Security Administration District Offices, and provides financial assistance payments to aged, blind and other disabled individuals. The payment levels for these individuals are supplemented by State funds adminstered, under contract, by the federal Department of Health and Human Services.

Individuals with developmental disabilities are eligible to receive SSI providing they meet income and disability criteria. Payment levels are determined by the individual's living arrangment and the number of people in the household (individual living alone versus couples).

During FY 1982, approximately 84,000 persons received SSI benefits. While it is not possible to determine the number of SSI recipients who were developmentally disabled, over 50,000 persons received SSI because of a physical or mental disability.

In FY 1981, the most recent data available, net SSI expenditures totaled $170,690,567. Of this, $144,031,997 were federal funds and $25,658,570 were state/local expenditures. The division employed 648 persons in FY 1982, 75 of which were employed in the area of income maintenance.

Detailed information of the SSI program, including applications, may be obtained at a local Social Security Office.

Services and Resources of the Statewide Computerized Referral-Information Program (SCRIP)

The Statewide Computerized Referral-Information Program (SCRIP) is funded and operated by the New Jersey Developmental Disabilities Council to provide information and referral services to developmentally disabled persons in New Jersey. SCRIP lists over 1,300 facilities on its computerized data base. Information on facilities such as schools, evaluation centers, recreation program, and so on, can be obtained by calling a toll-free number (if calling from within New Jersey) or the Council office (if out of New Jersey).

SCRIP is available to disabled persons, their families, professionals, and any other person in need of information concerning specific services. SCRIP is a prescriptive service in that information on the individual in need of services (i.e., age, sex, disability, type of service required) is matched with the appropriate services and agencies.

SCRIP responded to more than 3,000 requests for information in FY 1982, at a per capita cost of approximately $19.00 per client. The availability of SCRIP services is publicized through the distribution of SCRIP brochures and wallet-sized cards, as well as the presentation of a slide show explaining SCRIP at conferences and to other interested groups.

In order to ensure that complete, accurate, and current information is readily available from SCRIP, facilities are periodically surveyed. Feedback cards are mailed to clients with each SCRIP printout. Of these feedback cards which have been returned to the program, 89% rated SCRIP as very helpful or helpful. Only 11% of those returning the cards did not find the information to be helpful, or they had no option. Operation of the SCRIP system is regularly monitored by the Public Information Committee consisting of members of the Developmental Disabilities Council.

SCRIP may be reached by calling or writing:

SCRIP
New Jersey Developmental Disabilities Council
108-110 North Broad Street
CN 700
Trenton, New Jersey 08625
(800) 792-8858 (if calling from within New Jersey)
or
(609) 292-3745 (if calling from outside New Jersey)

Services and Resources of Title XX

The Office of Policy, Planning and Advocacy, formerly the Social Services Planning Unit, is located in the Office of the Commissioner of the Department of Human Services. It is responsible for the preparation of the Pre-Expenditure Report for the Social Services Block Grant which outlines the recommended allocation of Title XX funds. The Office works with state and local Title XX Advisory Committees in developing its allocation plans.

The target population for Title XX programs is that segment of the population whose financial resources are inadequate to purchase services in the private market. The eligibility level for services to developmentally disabled persons is 80 percent of the State's median income for child day care, companionship and homemaker-home health services. While federal eligibility requirements were lifted, the state has maintained the 80 percent until further investigation can be made to determine a better level.

In FY '82, $83,000,000 in federal Title XX funds were allocated to New Jersey. While the Block Grant allowed the state to do away with the match requirement, it was maintained in New Jersey. The state provided an additional $32,000,000, while local funds totaled approximately $21,000,000. Although no cutbacks in funding for services to developmentally disabled persons was experienced, federal Title XX funds to New Jersey were cut approximately twenty percent. No expansion in this program is anticipated.

Prior to 1980, eligibility for all programs was decided on an individual basis. However, group eligibility is utilized for Title XX funded services of the Division of Vocational Rehabilitation and the Division of Mental Retardation. This method is employed when an agency can prove that 75 percent of the people who apply for Title XX funded services will be eligible. Yearly evaluations are performed on a 5 percent sample to determine whether the 75 percent eligibility requirement is being fulfilled.

The national goals which are outlined by the Title XX regulations relate to the developmentally disabled. They are:

1. Enabling people to achieve or maintain self-sufficiency (the ability to care for themselves) so as to prevent or reduce dependency;
2. Enabling people to achieve or maintain economic self-support in order to prevent, reduce, or eliminate dependency;
3. Preventing or remedying neglect, abuse or exploitation of children and adults unable to protect their own interest, or preserving, rehabilitating or reuniting families;
4. Preventing or reducing inappropriate institutional care by providing for community-based care, home-based care, or other forms of less intensive care; or
5. Enabling people to secure referrals or admission for institutional care when other forms of care are not appropriate, or providing services to individuals in institutions.

During FY '82, Title XX funds were allocated to a number of private services agencies who serve, as a portion of their target populations, developmentally disabled persons. State agencies receiving Title XX money include the Division of Mental Retardation and the Division of Vocational Rehabilitation.

The Division of Mental Retardation received approximately $4,000,000 in federal Title XX funds in FY '82 and an additional $2,000,000 from the state match. Title XX funds were utilized to fund adult activities, day care for children, companionship services, guardianship services and homemaker services for approximately 8,000 clients of the Division of Mental Retardation.

The Division of Vocational Rehabilitation utilizes its Title XX allocation to fund the Work Activity Training Centers. The Division of Vocational Rehabilitation received approximately $640,000 in state and federal Title XX funds in FY '82, allowing it to serve a little under two-hundred persons in its Work Activity Training Centers.

A total of $6,640,000 in Title XX funds and matching State grants was allocated for services to developmentally disabled persons. The per capita costs of services to developmentally disabled individuals funded by Title XX is not available due to the varied types of services provided.

To ensure the quality of services provided by Title XX funds, the Office of Community Management Services in the Office of the Commissioner of Human Services evaluates and monitor programs. In addition, regular evaluation procedures of the Division of Mental Retardation and the Division of Vocational Rehabilitation are utilized.

Services and Resources of the Division of Youth and Family Services

The Division of Youth and Family Services (DYFS) is the comprehensive social services agency for children and families in New Jersey. Located within the state Department of Human Services, it engages in planning and providing services aimed at preserving and strengthening the family. Disabled children, the developmentally disabled included, are eligible for services, along with the general population. Additionally, the Division of Youth and Family Services is the agency within the Department of Human Services responsible for providing services to autistic persons under the age of eighteen.

The Division of Youth and Family Services provides a spectrum of services through thirty district offices. Additional services are purchased from private providers. Specific services include: Protection for abused, abandoned and neglected children and therapeutic services for their parents; casework and counseling; day care; homemaker services; parole supervision for certain juveniles; foster care; group care and residential services; adoption: information and referral medical services and maintenance to expectant mothers; medical and dental services for all those children in placement excluding those in state institutions not run by the Division of Youth and Family Services; and a 24-hour toll-free number to report cases of child abuse. Children and their families who are residents of New Jersey and in need of the services offered by the Division of Youth and Family Services are eligible.

The Division of Youth and Family Services places emphasis on protective and supportive social services that meet the special needs of children and their families, in order to meet the following broad objectives: To provide for the mental and physical safety of children and to strengthen and stabilize the family environment so the child can remain with the family, to arrange and monitor temporary placement with foster families when the child cannot remain with the natural family, to provide and arrange for specialized treatment plans or facilities for children who cannot remain in the community for various reasons, to provide and insure the necessary day care facilities and service levels and to expand community social service program resources for the benefit of the individual and the family.

While there is no information available regarding the total number of developmentally disabled individuals served by the division, seventy-five autistic children were provided residential services through the Division of Youth and Family Services in FY 1982. Additionally, through a federal grant in operation in the Metropolitan Regional office, the Division of Youth and Family Services has begun a program of screening abused and neglected children for developmental disabilities. During the spring of 1982, protective service workers in the Metropolitan Region were trained in developmental screenings for children aged zero through four. Workers were trained to include an intitial screening to identify children who may have a developmental disability in their investigations of cases of abuse and neglect. Once a child has been identified as being at risk of having a developmental disability, referral is made to the appropriate agency for evaluation and diagnosis. During July through September of 1982, thirty referrals were made for evaluation. Of these, approximately 50 percent required additional services.

The Division of Youth and Family Services employs a staff of approximately 3,000 with a total budget of 160,000,000 in FY 1982. The State appropriation totaled $72,450,000, with $16,100,000 expended on residential services. During FY 1982, 1200 children received residential services.

The Bureau of Licensing establishes and monitors private and Division of Youth and Family Services operated facilities. The inspection process is conducted by a team of inspectors and takes a period of two to four days. These visits are conducted on a yearly basis. There is also a program review staff which consists of four full-time employees who visit, observe, and provide technical assistance at the various sites on a more regular basis. The number of visits that members of the program support staff make to a site depends on the amount of technical assistance that a particular facilty needs, the kind of services provided, the nature of the population served and the quality of services and level of care provided. The severity of health, safety, or programmatic violations dictate the nature of the action taken with a program. Necessary recommendations for correction are made and technical assistance is provided. Corrections must be made within a certain time frame. If the violations are not remedied, then action can range from suspension of referrals to the program to removal of clients from the program. Treatment plans are compiled on each child thirty days after he/she is placed. Ninety days after the plan is in effect it is reviewed in order to revise and upgrade the quality of the treatment plan.

A formal system of review was established under the Child Placement Review Act. This provides for an external examination of placement plans for children in non-permanent settings and is felt to be an additional assurance of provision of quality services.

Department of Labor

Services and Resources of the Division of Vocational Rehabilitation Services

The Division of Vocational Rehabilitation Services (DVRS), located within the Department of Labor, is responsible for providing vocational rehabilitation services to disabled citizens of New Jersey. Twenty field offices scattered throughout the state make services accessible in each of the twenty-one counties. Local DVRS offices are listed below.

ATLANTIC COUNTY
1545 Pacific Avenue
Atlantic City, NJ 08401
(609) 441-3080

BERGEN COUNTY
10 Banta Place
Hackensack, NJ 07601
(201) 487-7890

BURLINGTON COUNTY
Route 130 North
Willingboro Village Mall
Willingboro, NJ 08046
(609) 871-6800

CAMDEN COUNTY
2600 Mt. Ephraim Avenue
Camden, NJ 08104
(609) 757-2781 or 82 or 83

CAPE MAY COUNTY
Cape May County Social Service Complex
7-9 Delsea Drive, Rt. 47
Rio Grande, NJ 08242
(609) 886-9451

CUMBERLAND/SALEM COUNTY
39 North Laurel Street
Bridgeton, NJ 08302
(609) 451-9098 or 9052 or 9058 or 5043

ESSEX COUNTY
80 Mulberry St., Room 201
Newark, NJ 07102
(201) 648-3367

ESSEX (SUBURBAN)
20 Evergreen Place, 4th fl.
East Orange, NJ 07018
(201) 648-2882 or 2883

GLOUCESTER COUNTY
81 Cooper Street
Woodbury, NJ 08096
(609) 848-5300

HUDSON COUNTY
2857 Kennedy Boulevard
Jersey City, NJ 07306
(201) 653-2929

MERCER COUNTY
150 East State Street
Trenton, NJ 08625
(609) 292-2940

MIDDLESEX COUNTY
29 Livingston Ave & New St.
New Brunswick, NJ 08901
(201) 545-8120

MONMOUTH COUNTY
Eisner Bldg & 54 Broad St.
Red Bank, NJ 07701
(201) 842-4700

MORRIS COUNTY
7 Sussex Avenue, 2nd fl.
Morristown, NJ 07960
(201) 539-3660

OCEAN COUNTY
Toms River Mall
1214 Hwy 37
Toms River, NJ 08753
(201) 929-9404

PASSAIC COUNTY
744 Hamburg Turnpike
Pompton Lakes, NJ 07442
(201) 835-8902
370 Broadway
Paterson, NJ 07501
(201) 345-7080

SOMERSET/HUNTERDON COUNTIES
352 E. Main Street
P.O. Box 279
Somerville, NJ 08876
(201) 5[illegible]-0550

SUSSEX/WARREN COUNTIES
Doctor's Park
Seber Road, Bldg. 4
Hackettstown, NJ 07840
(201) 852-4110

UNION COUNTY
125 Broad Street
Elizabeth, NJ 07208
(201) 648-4800

43

It is the policy of the Division of Vocational Rehabilitation Services that appropriate vocational rehabilitation programs be available to all disabled citizens of New Jersey. In order for this policy to be realized, a continuum of services which respond to the distinct vocational needs of each client must be available.

The division has developed three classifications to categorize its programs. The first, traditional programs, include those facilities offering vocational evaluations, Work Activity Training Centers, special skill programs, and sheltered employment programs. The second classification is psycho-social programs, including those facilities offering evaluation and work adjustment services to persons with a psychiatric disability. Psycho-social programs also include vocational training and/or transitional employment programs. The third classification is medical programs, which are facilities having a physical medicine department and vocational evaluation programs.

The Work Activity Training Center (WATC) program is of special interest as it is designed specifically for adults whose disability is so severe that they are prevented from entering a sheltered workshop program. Components of the WATC program include: Activities of daily living skills, education, recreation and use of leisure time, social services, personal adjustment, vocational evaluation, travel training, transportation, independent living skills and parental (guardian) consultation. WATC programs are funded primarily through Title XX funds. Referrals to the WATC program are made directly to the local facilities, listed below:

1. Atlantic County Opportunity Center
   Pleasantville, NJ
   (609) 641-5160
2. Bergen/Passaic Association
   for Retarded Citizens
   Haledon, NJ
   (201) 956-9363
3. Burlington Association for Retarded
   Citizens
   Hainesport, NJ
   (609) 267-5453
4. Cerebral Palsy Association
   Edison, NJ
   (201) 549-5580
5. Monmouth Association for Retarded
   Citizens
   Shrewsbury, NJ
   (201) 747-2928
6. Raritan Valley Workshop
   New Brunswick, NJ
   (201) 828-8080
7. Somerset Association for Retarded
   Citizens
   Manville, NJ
   (201) 725-8544
8. United Cerebral Palsy
   League of Union County
   Union, NJ
   (201) 354-5800

Eligibility for vocational rehabilitation services is determined by the presence of a physical or mental disability which results in a substantive handicap to employment and a reasonable assurance that services will benefit the individual in terms of his or her employability. Amendments to the Rehabilitation Act of 1973 mandated that the severely disabled be given priority by the division. A thorough diagnostic study is undertaken by the division to determine the vocational goals of the handicapped individual. An Individualized Written Rehabilitation Plan (IWRP) is developed and is periodically revised. The IWRP is reviewed on the average of once every two months. At the completion of diagnostic services, financial needs tests are often administered in order to determine if financial participation on the part of the client is possible in the purchasing of services outside of the Division of Vocational Rehabilitation Services.

The establishment of financial need is a condition for the provision of the remaining vocation rehabilitation services for the handicapped. Physical and mental restorative services may be provided in order to correct, or substantially modify in a reasonable period of time, a physical or mental condition which is slowly progressive. Such services include medical or corrective surgical treatment, dentistry, short-term nursing services, drugs and supplies, prosthetic, orthopedic and other assistance devices, eyeglasses, physical, occupational, speech or hearing therapy, and other medical rehabilitation services.

During FY 1982, the Division of Vocational Rehabilitation Services had an open caseload of approximately 28,732 persons, of whom as many as 6,283 are developmentally disabled. By defining developmental disabilities categorically (cerebral palsy, autism, mental retardation and epilepsy), the division currently has an active caseload of approximately 3,166 persons.

The budget for fiscal year 1982 was $21,263,489 with an average cost per client of $3,789.00.

Department of the Public Advocate

Services and Resources of the Division of Advocacy for the Developmentally Disabled

The Division of Advocacy for the Developmentally Disabled, formerly the Office of Advocacy for the Developmentally Disabled, is located within the Department of the Public Advocate. Originally created pursuant to the Developmentally Disabled Assistance and Bill of Rights Act (P.L. 95-602), the state legislature demonstrated its continued commitment to the protection of the rights of developmentally disabled citizens in passing Chapter 444 of the Public Laws of 1981, therein giving legislative recognition to the program.

As mandated by both federal and state legislation, the Division of Advocacy for the Developmentally Disabled provides advocacy services on a statewide basis to developmentally disabled individuals or their representatives. New Jersey's Protection and Advocacy system has two components: the Central Office, located in Trenton; and the Client Assistance Project, which serves the Division of Vocational Rehabilitation Services' counselors and their clients.

The goals of the Division of Advocacy for the Developmentally Disabled are:

1. To secure the rights of citizenship for all developmentally disabled people in New Jersey.
2. To foster coordination among the division and private and public agencies providing services to developmentally disabled people in New Jersey.
3. To promote training and education of the general public and professionals to perform advocacy functions.
4. To encourage the coordination of a comprehensive system of protection services.
5. To promote awareness of the existence and activities of the Division of Advocacy for the Developmentally Disabled.

Eligibility for services of the division is the possession of a disability which is in accordance with the definition of a developmental disability as set out in P.L. 95-602. The state legislature allowed for the division to serve, within the limits of available funding, other handicapped persons found by the Public Advocate to have needs similar to developmentally disabled persons. To be eligible for services of the Client Assistance Project, an individual must have a disability which interferes with working and must be a recipient or past recipient of services from the Division of Vocational Rehabilitation Services.

Services provided by the Division of Advocacy for the Developmentally Disabled are:

1. Negotiating on behalf of developmentally disabled persons to secure their rights as citizens.
2. Providing individual and class representation as cases present themselves.
3. Promoting training of parents, guardians, guardianship workers, relatives, and friends of developmentally disabled persons to be advocates or to obtain advocacy services.
4. Representing at the discretion of the Commissioner of the Department of the Public Advocate interests of incompetent individuals as court appointed counsel and/or guardian ad litem.
5. Representing individuals at administrative hearings.
6. Advising and counseling, negotiating for, and suing on behalf of clients.
7. Making appropriate referrals to other agencies.
8. Ensuring the federal and state agencies meet their mandates under the law.

It is not possible to determine the precise number of developmentally disabled people benefiting from activities of the division because action taken on behalf of one individual or a class of individuals may impact upon the entire developmentally disabled population. However, the core office will have provided direct advocacy services to approximately 736 individuals for federal fiscal year 1982. During the same period, the Client Assistance Project will have served approximately 242 clients.

The division is currently operating at full capacity by endeavoring to serve as many developmentally disabled residents of the state who meet the eligibility requirements as possible. The number served is limited, however, due to a finite number of staff personnel.

The staff of the Division of Advocacy for the Developmentally Disabled is composed of six attorneys, five field representatives, one Program Development Specialist, and three secretaries. The staff is divided between the core office in Trenton, and the Client Assistance Project.

During FY 1982 the total appropriation to the Office of Advocacy for the Developmentally Disabled was $624,000. It is not possible to indicate the per capita expenditure by service nor the per capita cost per service. Due to the uniqueness of each case, the amount of resources expended through money and/or person hours is contingent upon the related facts and circumstances of the individual case.

Evaluations of the Division of Advocacy for the Developmentally Disabled are conducted on a regular basis. The State Plan for Protection and Advocacy for the developmentally disabled serves as one mechanism for evaluation. Quarterly reports are submitted to the Commissioner of the Department of the Public Advocate and the federal Developmental Disabilities Office.

The division was externally evaluated on three occasions in 1981 and again in 1982. The federal Rehabilitation Services Administration evaluated the Client Assistance Project, while the Department of Health and Human Services reviewed and evaluated the division twice. Additionally, the division contracted with Rutgers University in 1982 to perform an evaluation of all aspects of the division.

Services and Resources of New Jersey Transit

New Jersey Transit admininsters and manages the Section 16 (b) (2) Program and the Reduced Fare Program. Section 16 (b) (2) is a program authorized by the Urban Mass Transportation Administration Act of 1964, as amended. This program authorizes federal grants of 80 percent of the cost of specialized vehicles to be used by private non-profit agencies in providing transportation services for elderly and handicapped persons, including the developmentally disabled, unable to use public mass transportation. The Reduced Fare Transportation Program has been in existence since 1973. Enrolled persons ride on all intra-state bus routes and virtually all the interstate bus routes to New York and Philadelphia and on all N.J. Transit trains during non-peak hours.

The Section 16 (b) (2) Program leases specially equipped vehicles to private, non-profit groups for the purposes of transporting handicapped and elderly persons. The Program provides the vehicles, but provides no funds for their operation or maintenance. The State provides the 20 percent match for the grant which has resulted in the purchase of over 300 vehicles since the Program started in 1975.

During FY 1982, New Jersey Transit went out to bid for 117 vehicles. Contracts were awarded for 94 vehicles. These vehicles should be delivered and in service by mid-fall 1982. Information regarding the number of handicapped persons served who are developmentally disabled is not available. Since these vehicles are operated by many different agencies and service organizations, it is not possible to accurately determine service capacity information. In addition to Section 16 (b) (2) vehicles, there are other sources of funding for paratransit vehicles. However, at this time a lack of coordination between funding sources and agencies has slowed down the process of increasing service availability. Most of the 21 counties in the state have transportation coordinating committees for elderly and handicapped persons. The Office of Coordinated Transportation of the New Jersey Department of Transportation monitors the special transportation programs in each of the counties to determine the status of these efforts.

The total appropriation during FY 1982 for the Section 16 (b) (2) Progam was $826,250 of which 80 percent was federal and 20 percent was state match. An application requesting approval of those funds as well as remaining FY 1981 funds to purchase an additional 88 vehicles has recently been approved by the Urban Mass Transit Administration. New Jersey Transit will go out to bid for these vehicles early in 1983. A staff of one person administers the program. It is not possible to ascertain the exact average per capita cost of the program because of the numerous variables that impact upon the cost of providing the service.

Regular site visits are made by the staff person administering the 16 (b) (2) Program in order to inspect vehicles and to ensure that they are serving clients in the most efficient and comprehensive manner. In addition, agencies receiving vehicles for the program are required to submit quarterly reports outlining the extent of services provided and costs of operation.

The Reduced Fare Program is available to individuals over 62 years of age, or those declared handicapped. A person is considered handicapped if by any reason of illness, injury, age, congenital malfunction or other permanent or temporary incapacity or disability, he/she is unable, without special facilities or special planning or design, to utilize mass transportation facilities and services as effectively as persons who are not as affected. The reduced fare is in effect on weekdays from 9:30 a.m. to 4:00 p.m. and from 7:00 p.m. to 6:00 a.m., all day on Saturdays and Sundays and all day on state holidays.

The appropriation for the Reduced Fare Program for FY 1982 is $7.9 million. It is estimated that the per capita cost of transporting individuals is about $10.45 including capital as well as operating costs. New Jersey Transit reports that 99 percent of transportation carriers in the state participate in the Reduced Fare Program.

There are currently 650,000 elderly and handicapped enrollees in the Reduced Fare Program. Of these persons, 13,000 are handicapped. Applications to enroll elderly and non-denominational fare ticket books are distributed by New Jersey Transit and are available to eligible persons at 1,300 local bank branches throughout the State. For additional information, any interested persons can write or call the Reduced Fare Program, New Jersey Transit, 180 Boyden Avenue, Maplewood, New Jersey 07040 at (201) 761-8327.

Department of Transportation

Office of Coordinated Transportation

Located within the Department of Transportation, the Office of Coordinated Transportation was created in 1981 by an Executive Order of then Governor Brendan Byrne. The goal of the office is to improve the delivery of specialized transportation services to elderly and handicapped citizens of New Jersey. The office was formerly the Office of Special Programs, and had been responsible for the reduced fare and the 16(b) program, now administered by New Jersey Transit.

The Office of Coordinated Transportation had for 1982 the following four objectives:

1. To assist, where they exist, county transportation coordinators. Efforts in this area include the formation of C.O.S.T., a group of individuals now providing special transportation services on the county level. C.O.S.T. holds monthly meetings to share information, ideas, and to otherwise keep each other up-to-date on progress in the provision of specialized transportation services.
2. Coordination of vehicles operated by various state agencies to ensure their optimal use. The office has focused on establishing interagency agreements which would allow for the sharing of vehicles among divisions and departments.
3. Ensure each county has a plan for providing specialized transportation. This includes providing technical assistance to counties who do not have the capabilities to perform this task.
4. Investigate the broader use of school buses to provide specialized transportation. Efforts in this area have included the establishment of an interdepartmental committee whose membership is composed of representatives from the Departments of Education and Transportation.

Additionally, the office encourages citizens to inform it of problems they may be encountering in obtaining transportation services. Only through a constant interchange between consumers, providers and the office will it be able to realistically address the demand for transportation services.

For FY 1982, the Office of Coordinated Transportation had a budget of $171,186. The office employs a staff of five. Further information on the Office of Coordinated Transportation may be obtained at (609) 984-0809.

Upon a review of the public service agencies, it is evident that a number of service resources exist for developmentally disabled citizens of New Jersey. Handicapped children are eligible for comprehensive health and eduation services through the Departments of Health and Education. Developmentally disabled children whose diagnostic category includes mental retardation and autism are eligible for comprehensive social services through the Division of Youth and Family Services and the Division of Mental Retardation. Developmentally disabled adults whose diagnosis is mental retardation or autism are eligible for a wide range of services provided by the Division of Mental Retardation. Income maintenance for eligible persons is available through the Division of Public Welfare, while assistance in medical, rental, and transportation payments is provided through the Division of Medical Assistance and Health Services, the Rental Assistance Program, and New Jersey Transit, respectively. Vocational training for developmentally disabled adults is available through the Division of Vocational Rehabilitation Services, while emotionally handicapped persons of all ages are served primarily through the Division of Mental Health and Hospitals. Information and referral specifically designed to serve developmentally disabled persons is available through SCRIP, and as its name indicates, the Division of Advocacy for the Developmentally Disabled provides advocacy services to all developmentally disabled citizens of New Jersey.

While many services are available through public agencies, gaps in services to developmentally disabled persons still exist. Many private service agencies were developed specifically because a needed service was not available, or was only available to a certain segment of the developmentally disabled population. In contrast to public human service agencies, whose eligibility requirements are governed by law, private agencies have more flexibility in determining the client population they serve. In many cases, eligiblity for services is governed more by the potential client's suitability for available programs than by whether or not the client meets strict eligibility criteria. This has resulted in private agencies serving a broad spectrum of disabilities. One can find many mentally retarded persons, for instance, being served in a program ostensibly developed for individuals with cerebral palsy. These agencies are regarded as an integral component of the service network, and state agencies purchase necessary services for their eligible clients from them on an ongoing basis.

The amount, location, and diverse target populations served by private agencies has made it difficult to accurately describe the resources represented by this sector of the developmental disabilities service network. In an attempt to better estimate the private service sector, the New Jersey Developmental Disabilities Council undertook a survey of over 170 private agencies across the state. Over ninety agencies responded to the survey, which asked for information on the agencies financial and staff resources, types of services provided, number of clients served by service category, and whether the agencies have the capacity to serve additional clients. The agencies were asked open-ended questions, allowing them to categorize services in any way they chose. Once the surveys were returned, Council staff fit the services listed by each agency into six broad service categories.

Charts 4-1 through 4-6 list each agency providing a service in any of the six broad categories. The charts are organized by services and each of the six service categories are further divided into two or more sub-categories as follows:

Category	**Subcategories**
1. Identification Services	1a. Diagnosis
	b. Evaluation
2. Day Programs	2a. Vocationally-oriented
	b. Education Programs
	c. Day-care
	d. Other training
3. Family/Program Support	3a. Recreation
	b. Personal Care
	c. Transportation
4. Residential Services	4a. Special Living Arrangements
	b. Respite Care
5. Treatment Services	5a. Medical
	b. Dental
	c. Speech, Physical and Occupation Therapy
6. Case management Services	6a. Protective/Social/Legal
	b. Follow Along
	c. Counselling

The charts indicate what subcategory of services the agency provides, to how many clients, and whether the agency can serve additional clients. While the majority of the service categories utilized are self-explanatory, services under the category "day programs" include a variety of services which may not be evident upon an initial review of the charts.

The category "vocational orientation" includes any day program with an employment-related goal. Adult Activity Centers, Sheltered Workshops and job maintenance services are included in this subcategory. The "education" subcategory includes primarily infant stimulation programs and preschool programs. While some primary and secondary education programs were included, only agencies who provide services in addition to primary or secondary education programs were included. The rationale for excluding school programs for handicapped persons ages 5 through 21 is that a description of services provided in this area is included in the agency description of the Branch of Special Education and Pupil Personnel Services. The subcategory "other training" includes services such as activities of daily living training.

The subcategory "information and referral" was not included in the final listing of agencies. Over 90 percent of the agencies stated they provided information and referral services. Additionally, most marked this as an unlimited service. It is hoped that in future surveys this category can be more clearly defined so it is evident to respondents that this service should only be included if it is a primary service the agency provides to clients.

Finally, many agencies, such as group homes, listed a number of services it provides only to clients participating in the agencies primary program(s). In these situations, only the primary service(s) the agency provides was included in the listing, as the other services are not open to any one other than those persons already enrolled in other programs at the agency.

PRIVATE AGENCY RESOURCES
PLAN YEAR 1983

TABLE 4–1 DAY PROGRAMS

AGENCY NAME	VOCATIONAL ORIENTATION			EDUCATION			DAY CARE			OTHER TRAINING		
	Service Provided	*Number of Clients Served	Capacity to Serve More	Service Provided	*Number of Clients Served	Capacity to Serve More	Service Provided	*Number of Clients Served	Capacity to Serve More	Service Provided	*Number of Clients Served	Capacity to Serve More
Children's Seashore House Outpatient (Atlantic)				X	50	YES						
Springs Child Workshop (Atlantic)	X	17	YES	X	29	YES				X	29	YES
Caring, Inc.							X	41	NO			
Assoc. for Retarded Citizens (Bergen/Passaic)	X	211	Only in Shel. Wk.	X	60	NO						
Bergen County Cerebral Palsy (Bergen)				X	35	YES						
Child Center (Bergen)				X	55	NO						
Assoc. for Retarded Citizens Burlington Unit (Burlington)	X	29	N/A**				X	2	N/A	X	93	N/A
Burlington County Cerebral Palsy Center (Burlington)				X	37	Only in Primary Ed. Prog.						
Occupational Center (Burlington)	X	136	NO									
Burlington County Memorial Hospital (Burlington)				X	14	YES						
Assoc. for Retarded Citizens Camden Unit (Camden)										X	245	N/A
Cerebral Palsy School and Treatment Center (Camden)	X	40	YES	X	47	YES						
Pre-School Medical Day Care Center (Camden)				X	8	YES						
Kingsway Learning Center (Camden)				X	143	NO						

*Per Year **Not Available

TABLE 4–1 DAY PROGRAMS (continued)

AGENCY NAME	VOCATIONAL ORIENTATION			EDUCATION			DAY CARE			OTHER TRAINING		
	Service Provided	*Number of Clients Served	Capacity to Serve More	Service Provided	*Number of Clients Served	Capacity to Serve More	Service Provided	*Number of Clients Served	Capacity to Serve More	Service Provided	*Number of Clients Served	Capacity to Serve More.
VIB Pre-School for Handicapped (Camden)				X	70	YES						
Goodwill Industries (Camden)	X	615	YES									
Our Lady of Lourdes Medical Center (Camden)				X	50	NO						
Children's Seashore House Outpatient (Camden)				X	45	YES						
Assoc. for Retarded Citizens Cape May Unit (Cape May)	X	2	N/A				X	6	N/A	X	82	N/A
Assoc. for Retarded Citizens Cumberland Unit (Cumberland)	X	10	YES									
Shirley Eves Center – United Cerebral Palsy (Cumberland)				X	50	YES						
Assoc. for Retarded Citizens Essex Unit (Essex)										X	341	N/A
Cerebral Palsy Center of Essex and West Hudson (Essex/Hudson)	X	30	YES	X	169	In Private Day and Pre-School						
United Cerebral Palsy of North Jersey (Essex)				X	124	YES						
Occupational Center of Essex County (Essex)	X	350	YES	X	130	YES						
Assoc. for Retarded Citizens Gloucester Unit (Gloucester)	X	66	NO	X	10	YES						
Cerebral Palsy Center (Gloucester)				X	19	In Kindergarten Elem.Prog						
St. John of God Community Services (Gloucester)	X	65	YES	X	282	YES				X	15	YES

*Per Year **Not Available

TABLE 4–1 DAY PROGRAM (continued)

AGENCY NAME	VOCATIONAL ORIENTATION			EDUCATION			DAY CARE			OTHER TRAINING		
	Service Provided	*Number of Clients Served	Capacity to Serve More	Service Provided	*Number of Clients Served	Capacity to Serve More	Service Provided	*Number of Clients Served	Capacity to Serve More	Service Provided	*Number of Clients Served	Capacity to Serve More
Assoc. for Retarded Citizens Hudson Unit (Hudson)	X	1	N/A				X	12	N/A	X	97	N/A
Summit Child Evaluation Center (Hudson)				X	10	YES						
Assoc. for Retarded Citizens Hunterdon Unit (Hunterdon)	X	38	NO									
Child Development Program (Hunterdon)				X	40	YES						
Assoc. for Retarded Citizens Mercer Unit (Mercer)	X	158	In Adult Activity Center				X	25	NO			
Mill Hill Child and Family Care Center (Mercer)							X	65	YES			
Assoc. for the Advancement of Mentally Handicapped (Mercer)	X	60	YES									
Assoc. for Retarded Citizens Raritan Valley Unit (Middlesex)	X	9	N/A							X	53	YES
Developmental Disabilities Assoc. of New Jersey (Middlesex)	X	39	NO									
John F. Kennedy Medical Center Pediatric Rehab. Center (Middlesex)				X	90	YES						
National Society for Children and Adults w/Autism (Middlesex)	X	3	YES	X	45	NO				X	90	YES
Easter Seal – Raritan Valley Workshop (Middlesex)	X	221	N/A				X	32	N/A			
Assoc. for Retarded Citizens Monmouth Unit (Monmouth)	X	250	YES	X	140	YES						
Work Opportunity Center (Monmouth)	X	165	YES	X	36	YES						

*Per Year **Not Available

TABLE 4–1 DAY PROGRAM (continued)

AGENCY NAME	VOCATIONAL ORIENTATION			EDUCATION			DAY CARE			OTHER TRAINING		
	Service Provided	*Number of Clients Served	Capacity to Serve More	Service Provided	*Number of Clients Served	Capacity to Serve More	Service Provided	*Number of Clients Served	Capacity to Serve More	Service Provided	*Number of Clients Served	Capacity to Serve More
S.E.A.R.C.H. Program (Monmouth)	X	30	NO	X	50	YES						
Family Resource Associates (Monmouth)				X	20	YES						
Assoc. for Retarded Citizens Morris Unit (Morris)							X	15	N/A	X	160	N/A
Rehabilitation Center for the Handicapped (Morris)				X	44	YES						
Assoc. for Retarded Citizens (Ocean)				X	84	YES						
Early Intervention Program (Ocean)				X	100	NO						
Easter Seals Occupational Training Center (Ocean)	X	159	N/A									
Diocese of Paterson (Passaic)	X	65	NO									
Passaic County Elk's Cerebral Palsy Center (Passaic)	X	5	YES	X	95	NO						
Assoc. for Retarded Citizens Salem Unit (Salem)	X	95	YES	X	81	YES						
Assoc. for Retarded Citizens Somerset Unit (Somerset)	X	40	NO	X	40	NO						
Rock Brook School (Somerset)				X	25	YES						
Assoc. for Retarded Citizens Sussex Unit (Sussex)	X	90	YES									
Highlands Workshop (Sussex)	X	165	YES	X	10	YES						

*Per Year **Not Available

TABLE 4–1 DAY PROGRAM (continued)

AGENCY NAME	VOCATIONAL ORIENTATION			EDUCATION			DAY CARE			OTHER TRAINING		
	Service Provided	*Number of Clients Served	Capacity to Serve More	Service Provided	*Number of Clients Served	Capacity to Serve More	Service Provided	*Number of Clients Served	Capacity to Serve More	Service Provided	*Number of Clients Served	Capacity to Serve More.
Educational Services Commission – Early Intervention (Sussex)				X	N/A	N/A						
Assoc. for Retarded Citizens (Union)	X	143	YES	X	80	YES						
United Cerebral Palsy Center (Union)	X	18	NO	X	N/A	YES						
Abilities of Northwest New Jersey (Warren)	X	120	YES									
Assoc. for Retarded Citizens (Warren)				X	24	YES						
Project First Step (Warren)				X	24	YES						

*Per Year **Not Available

TABLE 4–2 TREATMENT SERVICES

AGENCY NAME	MEDICAL			DENTAL			OT, PT SPEECH, ETC.		
	Service Provided	*Number of Clients Served	Capacity To Serve More	Service Provided	*Number of Clients Served	Capacity To Serve More	Service Provided	*Number of Clients Served	Capacity To Serve More
Children's Seashore House Outpatient Program (Atlantic)	X	728	Yes				X	195	Yes
Children's Seashore House Inpatient Program (Atlantic)	X	340	Yes						
Cerebral Palsy Center (Bergen)	X	104	Yes						
Assoc. for Retarded Citizens Burlington Unit (Burlington)	X	4	N/A**	X	4	N/A**	X	4	N/A**
Burlington Memorial Hospital (Burlington)							X	150	Yes
Burlington Cerebral Palsy Center (Burlington)	X	500	Yes				X	65	Yes
Assoc. for Retarded Citizens Camden Unit (Camden)	X	365	N/A**	X	365	N/A**	X	365	N/A**
Cerebral Palsy School and Treatment Center (Camden							X	141	Yes
Pre-School Medical Day Care Center (Camden)	X	8	Yes				X	8	Yes
Our Lady of Lourdes Medical Center (Camden)	X	600	Yes				X	170	Yes
Children's Seashore House Outpatient (Camden)	X	105	Yes				X	120	No
Shirley Eves Center, United Cerebral Palsy (Cumberland)							X	30	Yes
Assoc. for Retarded Citizens Cape May Unit (Cape May)	X	3	N/A**	X	3	N/A**	X	3	N/A**
Occupational Center of Essex (Essex)				X	200	Yes			
National Foundation of Dentistry for the Handicapped – Essex Unit (Essex)				X	3,000	Yes			

*Per Year **Not Available

TABLE 4–2 TREATMENT SERVICES (continued)

AGENCY NAME	MEDICAL			DENTAL			OT, PT SPEECH, ETC.		
	Service Provided	*Number of Clients Served	Capacity To Serve More	Service Provided	*Number of Clients Served	Capacity To Serve More	Service Provided	*Number of Clients Served	Capacity To Serve More
Cerebral Palsy Center of Essex & West Hudson (Essex)	X	N/A**	Yes	X	N/A**	Yes	X	30	Yes
Cerebral Palsy Center of Gloucester County (Gloucester)							X	65	Yes
Summit Child Evaluation Center (Hudson)							X	520	Yes
Millhill Child and Family Development Center (Mercer)	X	65	Yes						
Rehabilitation Center for the Handicapped (Morris)	X	80	Yes						
Assoc. for Retarded Citizens Morris Unit (Morris)	X	117	N/A**	X	117	N/A**	X	117	N/A**
Morristown Memorial Hospital (Morris)	X	119	Yes						
Easter Seal's Occupational Training Center for Ocean Cty (Ocean)	X	1	N/A**	X	1	N/A**	X	1	N/A**
The Rock Brook School							X	25	Yes

*Per Year **Not Available

TABLE 4–3 CASE MANAGEMENT SERVICES

AGENCY NAME	PROTECTIVE/SOCIAL/LEGAL			FOLLOW ALONG			COUNSELING		
	Service Provided	*Number of Clients Served	Capacity To Serve More	Service Provided	*Number of Clients Served	Capacity To Serve More	Service Provided	*Number of Clients Served	Capacity To Serve More
Assoc. for Retarded Citizens Atlantic Unit (Atlantic)	X	80	YES	X	80	YES	X	80	YES
Springs Child Workshop	X	29	YES						
Assoc. for Retarded Citizens Bergen/Passaic	X	100	YES				X	50	YES
Bergen County Office on the Handicapped	X	450	YES						
Northeast Jersey Society for Autistic Children (Bergen)							X	25	YES
Assoc. for Retarded Citizens Burlington Unit (Burlington)	X	12	NA**						
Cerebral Palsy Center of Burlington County							X	50	YES
Kingsway Learning Center (Camden)				X	8	YES			
Multiple Sclerosis Assoc. (Camden)							X	650	YES
Our Lady of Lourdes Medical Center (Camden)							X	130	YES
Assoc. for Retarded Citizens Cape May Unit (Cape May)							X	52	NA**
Assoc. for Retarded Citizens Cumberland Unit (Cumberland)	X	85	YES				X	273	YES
Shirley Eves United Cerebral Palsy Treatment Center (Cumberland)							X	10	YES
Assoc. for Retarded Citizens Essex Unit (Essex)							X	31	N/A**
Assoc. for the Advancement of the Mentally Handicapped (Essex)	X	79	YES	X	47	NO	X	47	NO

*Per Year **Not Available

TABLE 4–3 CASE MANAGEMENT SERVICES (continued)	PROTECTIVE/SOCIAL/LEGAL			FOLLOW ALONG			COUNSELING		
AGENCY NAME	Service Provided	*Number of Clients Served	Capacity To Serve More	Service Provided	*Number of Clients Served	Capacity To Serve More	Service Provided	*Number of Clients Served	Capacity To Serve More
Cerebral Palsy Center of Essex and West Hudson							X	20	YES
Occupational Center (Essex)	X	350	YES	X	350	YES	X	350	YES
Assoc. for Retarded Citizens Gloucester Unit (Gloucester)							X	104	YES
Cerebral Palsy Center (Gloucester)							X	150	YES
Assoc. for Retarded Citizens Hudson Unit (Hudson)	X	1	N/A**						
Summit Child Evaluation Center (Hudson)							X	7,020	YES
Council of Organizations and Schools for Autistic Children	X	N/A**	YES				X	N/A**	YES
Assoc. for the Advancement of the Mentally Handicapped (Mercer)	X	110	YES	X	110	YES	X	110	YES
Millhill Child and Family Development Center (Mercer)	X	65	YES				X	65	YES
Assoc. for Retarded Citizens Raritan Valley Unit (Middlesex)	X	26	N/A**				X	184	N/A**
Assoc. for Independent Development (Middlesex)	X	50	YES						
John F. Kennedy Medical Center Pediatric Rehabilitation (Middlesex)	X	150	YES	X	150	YES	X	150	YES
Work Opportunity Center (Middlesex)							X	200	YES
Easter Seal Raritan Valley Workshop (Middlesex)							X	17	N/A**
Epilepsy Foundation (Middlesex)							X	436	YES

*Per Year **Not Available

TABLE 4–3 CASE MANAGEMENT SERVICES (continued)

AGENCY NAME	**PROTECTION/SOCIAL/LEGAL**			**FOLLOW ALONG**			**COUNSELING**		
	Service Provided	***Number of Clients Served**	**Capacity To Serve More**	**Service Provided**	***Number of Clients Served**	**Capacity To Serve More**	**Service Provided**	***Number of Clients Served**	**Capacity To Serve More**
SEARCH (Monmouth)	X	54	YES	X	54	YES	X	54	YES
Special Needs Infant Project (Monmouth)	X	350	YES						
Family Resource Associates (Monmouth)	X	75	YES				X	115	YES
National Society for Autistic Children (Monmouth)	X	2	N/A**				X	61	N/A**
Assoc. for Retarded Citizens (Morris)	X	135	N/A**				X	121	N/A**
Assoc. for Retarded Citizens (Ocean)							X	84	YES
D.I.A.L. (Passaic)	X	520	NO						
Assoc. for Retarded Citizens Sussex Unit (Sussex)	X	20	YES						
Union County Society for the Handicapped (Union)	X	N/A**	YES						

*Per Year **Not Available

TABLE 4–4 RESIDENTIAL SERVICES

AGENCY NAME	SPECIAL LIVING ARRANGEMENTS			RESPITE CARE					
	Service Provided	*Number of Clients Served	Capacity To Serve More	Service Provided	*Number of Clients Served	Capacity To Serve More	Service Provided	*Number of Clients Served	Capacity To Serve More
Caring, Inc. (Atlantic)	X	7	No						
Assoc. for Retarded Citizens Atlantic Unit (Atlantic)	X	6	No						
Assoc. for Retarded Citizens – Bergen Passaic Unit	X	49	No						
Assoc. for Retarded Citizens Burlington Unit (Burlington)	X	1	N/A**						
Assoc. for Retarded Citizens Cape May Unit (Cape May)	X	8	N/A**						
Assoc. for the Advancement of the Mentally Handicapped (Essex)	X	79	No						
Jespy House (Essex)	X	140	Yes						
Assoc. for Retarded Citizens Essex Unit (Essex)	X	29	N/A**						
Assoc. for Retarded Citizens Gloucester Unit (Gloucester)	X	36	No	X	1	No			
Assoc. for Retarded Citizens Hudson Unit (Hudson)	X	1	N/A**						
Assoc. for Retarded Citizens Hunterdon Unit (Hunterdon)	X	12	No						
Assoc. for Retarded Citizens Mercer Unit (Mercer)	X	34	No						
EDEN ACRES (Mercer)	X	18	No						
Community Living for the Autistic (Mercer)	X	6	No						
Assoc. for Retarded Citizens (Middlesex)	X	10	N/A**						
Developmental Disabilities Assoc. of New Jersey (Middlesex)	X	36	No						

*Per Year **Not Available

TABLE 4–4 RESIDENTIAL SERVICES (continued)

AGENCY NAME	SPECIAL LIVING ARRANGEMENTS			RESPITE CARE					
	Service Provided	*Number of Clients Served	Capacity To Serve More	Service Provided	*Number of Clients Served	Capacity To Serve More	Service Provided	*Number of Clients Served	Capacity To Serve More
Assoc. for Retarded Citizens Monmouth Unit (Monmouth)	X	30	No						
National Society for Autistic Children (Monmouth)	X	2	N/A**						
SEARCH (Morris)	X	6	No						
Geigers Acorn Hill (Morris)	X	14	No						
Cheshire Home (Morris)	X	35	No						
Assoc. for Retarded Citizens Ocean Unit (Ocean)	X	12	No	X	195	Yes			
Association for the Multiply Impaired Blind (Ocean)	X	16	No						
Diocese of Paterson (Passaic)	X	65	No						
Assoc. for Retarded Citizens Salem Unit (Salem)	X	8	No						
Assoc. for Retarded Citizens Somerset Unit (Somerset)	X	30	No						
Assoc. for Retarded Citizens Sussex Unit (Sussex)	X	26	No						
United Cerebral Palsy of Union County (Union)				X	N/A**	Yes			
Assoc. for Retarded Citizens Union Unit (Union)	X	25	No	X	10	Yes			
Our House, Inc. (Union)	X	24	No						
Assoc. for Retarded Citizens Warren Unit (Warren)	X	6	No						

*Per Year **Not Available

TABLE 4–5 FAMILY/PROGRAM SUPPORT SERVICES

	RECREATION			PERSONAL CARE			TRANSPORTATION		
AGENCY NAME	Service Provided	*Number of Clients Served	Capacity To Serve More	Service Provided	*Number of Clients Served	Capacity To Serve More	Service Provided	*Number of Clients Served	Capacity To Serve More
Assoc. for Retarded Citizens Atlantic Unit (Atlantic)	X	99	YES	X	50	YES			
Assoc. for Retarded Citizens Bergen – Passaic Unit	X	1,025	Not In Camp. Prog.						
Northeast Jersey Society for Autistic Children (Bergen)	X	8	YES						
Assoc. for Retarded Citizens Burlington Unit (Burlington)	X	205	N/A**						
Cerebral Palsy Center of Burlington County (Burlington)	X	50	YES						
Assoc. for Retarded Citizens Camden Unit (Camden)	X	228	N/A**						
Multiple Sclerosis Assoc. (Camden)	X	650	YES				X	200	NO
Muscular Dystrophy Assoc. (Camden)	X	400	YES						
Assoc. for Retarded Citizens Cape May Unit (Cumberland)	X	117	N/A**						
Assoc. for Retarded Citizens Cumberland Unit (Cumberland)	X	1,384	YES				X	8,048	YES
Shirley Eves – United Cerebral Palsy Center (Cumberland)	X	60	YES						
Assoc. for the Advancement of the Mentally Handicapped (Essex)	X	125	YES						
Assoc. for Retarded Citizens Essex Unit (Essex)	X	187	N/A**						
Cerebral Palsy Center of Essex and West Hudson (Essex)	X	75	YES				X	75	NO
Assoc. for Retarded Citizens Gloucester Unit (Gloucester)	X	4,472	NO				X	8,320	YES

*Per Day **Not Available

TABLE 4–5 FAMILY/PROGRAM SUPPORT SERVICES (continued)

AGENCY NAME	RECREATION			PERSONAL CARE			TRANSPORTATION		
	Service Provided	*Number of Clients Served	Capacity To Serve More	Service Provided	*Number of Clients Served	Capacity To Serve More	Service Provided	*Number of Clients Served	Capacity To Serve More
St. John of God Community Services (Gloucester)	X	62	YES						
Assoc. for Retarded Citizens Hudson Unit (Hudson)	X	111	N/A**						
Assoc. for Retarded Citizens Hunterdon Unit (Hunterdon)							X	100	YES
Assoc. for Retarded Citizens Mercer Unit (Mercer)	X	150	Not in Camp Program						
Assoc. for Independent Development (Middlesex)	X	40	YES						
Assoc. for Retarded Citizens Raritan Valley Unit (Middlesex)	X	68	N/A**						
Assoc. for Retarded Citizens Monmouth Unit (Monmouth)	X	500	YES						
Family Resource Associates (Monmouth)	X	62	YES						
National Society for Autistic Children (Monmouth)	X	61	N/A**						
SEARCH (Monmouth)	X	60	Only in Camp Program						
Camp Oakhurst (Monmouth)	X	60	YES						
Assoc. for Retarded Citizens Morris Unit (Morris)	X	549	N/A**						
Assoc. for Retarded Citizens Ocean Unit (Ocean)	X	109	YES						
D.I.A.L. (Passaic)	X	2,000	YES						
Assoc. for Retarded Citizens Salem Unit (Salem)	X	90	YES						

*Per Year **Not Available

TABLE 4–5 FAMILY/PROGRAM SUPPORT SERVICES (continued)

AGENCY NAME	RECREATION			PERSONAL CARE			TRANSPORTATION		
	Service Provided	*Number of Clients Served	Capacity To Serve More	Service Provided	*Number of Clients Served	Capacity To Serve More	Service Provided	*Number of Clients Served	Capacity To Serve More
Assoc. for Retarded Citizens Somerset Unit (Somerset)	X	650	Yes						
Assoc. for Retarded Citizens Sussex Unit (Sussex)	X	100	Yes						
Assoc. for Retarded Citizens Union Unit (Union)	X	80	Yes						
Union County Society for the Handicapped (Union)	X	100	Yes						
Assoc. for Retarded Citizens Warren Unit (Warren)	X	177	Only in Camp Prog.						

*Per Year *Not Available

TABLE 4–6 IDENTIFICATION SERVICES

AGENCY NAME	DIAGNOSIS			EVALUATION					
	Service Provided	*Number of Clients Served	Capacity To Serve More	Service Provided	*Number of Clients Served	Capacity To Serve More	Service Provided	*Number of Clients Served	Capacity To Serve More
Children's Seashore House (Atlantic)	X	500	YES	X	25	YES			
Assoc. for Retarded Citizens Burlington Unit (Burlington)				X	3	N/A**			
Burlington County Memorial Hospital (Burlington)	X	1,040	YES	X	120	YES			
Occupational Training Center (Burlington)				X	38	YES			
Children's Seashore House Outpatient (Camden)				X	25	YES			
Assoc. for Retarded Citizens Cape May Unit (Cape May)				X	1	N/A**			
Shirley Eves United Cerebral Palsy (Cumberland)	X	30	YES	X	30	YES			
Assoc. for Retarded Citizens Essex Unit (Essex)	X	148	N/A**	X	196	N/A**			
Occupational Center of Essex County (Essex)				X	20	YES			
Summit Child Evaluation Center (Hudson)				X	260	YES			
Millhill Child & Family Development Center				X	65	YES			
Easter Seal Raritan Valley Workshop (Middlesex)				X	164	N/A**			
N. J. Consultation Service for Neurological Diseases (Middlesex)				X	330	YES			
Work Opportunity Center (Monmouth)				X	30	YES			
National Society for Autistic Children (Monmouth)	X	60	N/A**	X	60	N/A**			

*Per Year **Not Available

81 82

TABLE 4–6 IDENTIFICATION SERVICES (continued)

AGENCY	DIAGNOSIS			EVALUATION					
	Service Provided	*Number of Clients Served	Capacity To Serve More	Service Provided	*Number of Clients Served	Capacity To Serve More	Service Provided	*Number of Clients Served	Capacity To Serve More
Assoc. for Retarded Citizens Morris Unit (Morris)	X	37	N/A**	X	72	N/A**			
Easter Seals Occupational Training Center (Ocean)				X	51	N/A**			
Abilities of Northwest N. J. (Warren)				X	364	YES			

*Per Year **Not Available

TABLE 4–7 SUMMARY OF PRIVATE AGENCY RESPONSES

SERVICE	NUMBER OF AGENCIES PROVIDING SERVICE	*NUMBER OF CLIENTS SERVED	NUMBER OF AGENCIES WITH THE CAPACITY TO SERVE MORE CLIENTS
1. Case Management			
a. Protective/Social/Legal	24	2,943	17
b. Follow Along	7	799	6
c. Counseling	29	10,639	20
2. Treatment			
a. Medical	16	3,139	11
b. Dental	8	3,690	3
c. Therapy	17	2,009	11
3. Residential			
a. Special Living	30	777	2
b. Personal Care	1	50	1
c. Respite	4	206	3
4. Family/Program Support			
a. Recreation	34	11,929	21
b. Transportation	5	10,708	3
5. Day Programs			
a. Vocationally Oriented	33	3,446	16
b. Education	41	2,465	24
c. Day Care	8	198	1
d. Other Training	10	1,205	3
6. Identification Services			
a. Diagnosis	6	1,815	3
b. Evaluation	18	1,854	11

*Duplicated Count

Caution should be utilized in interpreting the results of the private agency survey. Primarily, a number of agencies (50 percent) did not respond to the request for information. Additionally, those agencies who did respond frequently defined services and the number of available service slots differently, lessening the accuracy of the data. The survey does, however provide a good starting point in the estimation of the resources of the private service network.

Gaps in Services

The Developmental Disabilities Council each year attempts to estimate the percentage of the developmetnally disabled population requiring specific services. While these are rough estimates, they are useful for comparing with the estimated service resources available.

For the purposes of the Plan, it is estimated that 55 percent of all developmentally disabled persons will need to be provided with special living arrangements, while approxiamtely 10 percent (7,560) will need domiciliary care. All developmentally disabled children of pre-school age are appropriate candidates for day care and education/training programs. With regard to developmentally disabled school-age children it is estimated that 100 percent are eligible for and will require education and training services at some time. Of the schoolage population, approximately 30 percent (12,740) will be able to benefit from day care programs. Fifteen percent of the adult developmentally disabled population (4,500) is in current need of day care; 40 percent of the same population (11,950) is in need of education/training programs. Diagnosis, evaluation and information/referral services should be available to all (100 percent) of the developmentally disabled population of New Jersey. It is assumed that at some time in their lives they will require some or all aspects of identification services It is estimated that medical, dental and special treatment services such as occupational, physical, speech, hearing or other therapy, are needed by all (100 percent) of the developmetnally disabled residents of the state. Sheltered workshop employment opportunities should be available to 70 percent (20,920) of the adult developmentally disabled population. Other types of employment services may be appropriate for an estimated 15 percent (4,480) of the adult developmentally disabled population.

With regard to counseling and follow-along services, it is estimated that 90 percent (68,100) of all developmentally disabled individuals will require such services during their life time. Protection and advocacy services should be available to all (100 percent) of the target population.

It is estimated that within the area of family/program support services, 80 percent (60,520) of developmentally disabled persons will require recreational services, all (100 percent) will require some degree of personal care, 90 percent (68,100) will require some form of transportation services, and 40 percent (30,260) will be in need of income maintenance services.

Taking into account both private and public sector resources, specific gaps in services become apparent. There is a critical need in New Jersey for the expansion and development of diagnosis, evaluation and information/referral services. Only five private service agencies responding to the Developmental Disabilities Council Survey indicated they provide diagnostic services. Of these, three indicated a capacity to serve more. While the Department of Health supports contracts with a numbeer of private agencies to provide identification services, it is limited by both funding (Special Child Health Services and the Maternal and Child Health program both experienced budget cuts in FY 1982), as well as the availability of private agencies to provide identification services. As the Developmental Disabilities Council has, as one of its goals, the availability of a complete range of child development services, it is continually working with the Departments of Health, Education, and the New Jersey University of Medicine and Dentistry to improve the provision of evaluation and diagnostic services.

Additional community-based residences for developmentally disabled persons must be developed to meet the high demand. All but a few of the private agencies reporting they provide special living arrangments do so under contract with the Division of Mental Retardation. The clients these agencies serve, therefore, by and large are restricted to mentally retarded persons. There is a critical shortage in the number of community-based residences for non-mentally retarded developmentally disabled persons, as well as a continued need to develop additional residences for mentally retarded developmentally disabled citizens.

Comprehensive case management services are available to a limited number of developmentally disabled citizens. The Division of Mental Retardation, Division of Youth and Family Services and the SCHS Program provide this service to their eligible clientele. Additionally, some private agencies indicated they provide comprehensive case management services for (or one or more components of case management) to their target populations. However, a continued gap exists in the provision of case managment services to adults and children not eligible for this service from state agencies, as private agencies are limited in the number of clients they are able to serve. It has been a priority of the Council therefore, to promote the availability of long-term personal program coordination services to all developmentally disabled citizens of New Jersey.

Gaps continue to exist in the area of day programs. Expansion is needed in vocationally oriented programs for developmentally disabled adults, including sheltered workshops, adult activity centers, work activity centers, and so on. While the delivery of thorough and efficient programs for handicapped persons of school-age is a high priority of the Developmentally Disabilities Council, the legal mandate that each state provide such services ensures that school-age children have a legal right to an appropriate education. Thus, the Council focuses on monitoring the implementation of educational services, as this is a mechanism to ensure there is no gap in this service area.

The expansion of child development programs for handicapped children ages zero through four is a continuing need. While infant stimulation programs are currently operating in all twenty-one counties, the need continues to exceed available service slots. The passage of P.L. 1981, Chapter 415, which provides funding for infant stimulation programs in school year 1983-84 as well as mandating the State provide pre-school programs to all eligible handicapped children in New Jersey, should result in improved availabiltiy of child development services to developmentally disabled children ages zero through five. The Council will continue to monitor the implementation of this law. Day care services remain largely unavailable to developmentally disabled persons in need of such services. Training programs emphasizing skills such as managing finances, utilizing mass transportation services, and other activities of daily living which promote independence are also in short supply. As is indicated in the private agency survey a total of eight agencies provide day care services to 198 clients, with only one agency having the capacity to serve addtional clients. Other training is provided by a total of nine agencies, with only three agencies able to serve more clients.

Treatment services are also in need of expansion, but funding is less of an issue in this area than is the need for professionals qualified to serve developmentally disabled persons. The Council has emphasized the improvement of services through the development of a professional and non-professional manpower pool trained to work with developmentally disabled individuals. During 1983, the Council will work toward the development of an expanded University Affiliated Facility in New Jersey, whose primary role will be to develop programs to train professionals and non-professionals specifically in the field of developmental disabilities.

In the area of family/program support services, transportation programs remain largely unavailable. Only five agencies responding to the Council's private agency survey indicated they provide transportation services. It can be assumed, however, that these agencies in reality provide transportation services only to clients already enrolled in other services at the agency. A continued need exists for the development of a range of transportation services to developmentally disabled individuals, as its absence is one of the major barriers to developmentally disabled persons participation in all activities. The Council will continue to work with transportation providers (both public and private) to coordinate transportation resources and ensure their optimal use. Additionally, the Council will utilize its influence to assist the Office of Coordinated Transportation in achieving its goal of making specialized transportation services available to handicapped citizens of New Jersey.

Recreation programs appear to have made the most progress toward satisfying the leisure time needs of developmentally disabled persons. Of the ninety-four agencies responding to the private agency survey, thirty-four indicated they provide recreation programs (including camp programs) to almost 12,000 developmentally disabled persons. Of these, twenty-one have the capacity to serve additional clients. The Council will continue to encourage the integration of developmentally disabled persons into generic leisure-time and recreation activiities, as well as the development of specialized leisure time activities for the severely developmentally disabled.

What Issues and Concerns Influence the Delivery of Services to Persons with Developmental Disabilities?

The quantity, quality and location of services for developmentally disabled persons will depend upon a number of factors. Quantity and quality is affected by the economic and political climate in New Jersey and the nation. Additionally, the structure of the service system (i.e., who has responsibility for what services) will impact upon the availabilty of services to developmentally disabled persons.

In New Jersey, as in almost every state, funding for programs serving developmentally disabled persons needs to be increased in order to develop, expand, and improve services. Federal budget cuts, while not as severe as was initially anticipated, has limited the growth of many programs and eliminated others. The threat of future cutbacks has led a number of agencies to adopt a "program maintenance" policy, in that program expansion is not considered. Given the service gaps identified in the preceding section, this attitude will serve to hamper progress toward the existence of a comprehensive network of services for developmentally disabled citizens of New Jersey.

The structure of the developmental disabilities service system in New Jersey has great impact on the availability and accessability of services to severely handicapped persons. As is evident from a review of the developmental disabilities service network, a variety of agencies provide services to developmentally disabled persons in New Jersey. These agencies operate independently of one another and in many instances are unaware of what services and resources other agencies represent. This has led to a fragmented service system which is quite difficult for potential service recipients to understand and access. On a systems level, this fragmentation leads to duplicative services, wasting precious financial and staff resources.

In one response to limited resources and the waste inherent in a fragmented service delivery system, the N.J. Department of Human Services is moving to decentralize planning and resource allocation decisions to the county level. The department is encouraging each county to develop a Human Service Advisory Council to identify human service needs and priorities, define the local service system, and make recommendations to the state as to the allocation of resources. This movement has the potential to profoundly impact upon the way in which social services are delivered in New Jersey.

The Department of Human Services hopes that by allowing the counties to plan for services, three goals will be achieved. First, administrative functions and service delivery will improve through a consolidation of services where indicated, a more efficient allocation of available resources and the provision of more relevant services. Again, it is assumed that local human service representatives are in a better situation to make recommendations in this area than is the state. Next, the state hopes to improve its relationship with counties as this process will more clearly define the role of both the state and counties in service delivery. Additionally, the State will have direct line of communication to counties, and vice-versa, through the County Human Service Advisory Councils. Also, as the County Human Service Advisory Council will be responsible for developing program and resource recommendations, this process will allow for a greater degree of local influence. Finally, it is the department's priority that services needed by vulnerable and disabled persons are protected in any service reductions. The department believes that counties will be better equipped to set priorities which will ensure that the most needy and/or disabled persons are not adversely effected by limited resources.

The participation of a cross-section of the county population is necessary in order to ensure these councils are influenced more by the needs of its residents than by the political atmosphere. Therefore, it is crucial that developmentally disabled persons and those providing services to developmentally disabled individuals be a part of these councils in each county.

The geographic dispersion of the developmentally disabled population of New Jersey is another factor affecting service delivery. In New Jersey, 89 percent of the population resides in urban or suburban areas, while 11 percent resides in rural areas. Relatively small numbers of persons scattered over a large geographic area makes service delivery more difficult and costly in rural communities. Thus, urban areas tend to have more opportunities for employment, integrated living and other services and programs. It is crucial, therefore, that in planning for service delivery across the state, special emphasis is given to the differing demands which are placed upon service systems operating in a rural area.

Outreach activities must be heightened in rural areas as residents are frequently more isolated than those in urban areas. Additionally, transportation is even more of a problem in rural communities than in urban. Mass transportation is frequently non-existent, meaning providers must give serious consideration to either providing transportation to programs, or having satellite program centers throughout a service area rather than one central location. Both options result in more costly services.

Finally, the number of minority persons residing in New Jersey must be addressed in planning for services. According to 1980 Census Data, minority persons make up 24 percent of New Jersey's population. In Essex County, more than half the residents are from a minority group. Programs are frequently not as accessible to minority persons as non-minorities. Lack of finances, transportation, awareness, and language differences combine to make it more difficult for minority persons to become involved in services ostensibly available to them. Service planning must take into account the location and number of minority persons in a particular service area and then target outreach efforts toward these groups.

It is evident there are a number of issues which must be taken into account in planning services to developmentally disabled persons. Population characteristics, demographics, funding levels and the structure of the service system all impact upon the way services are planned and delivered. As a part of the planning process, the Developmental Disabilities Council establishes goals, objectives and specific activities, all of which are designed with the issues identified in this section in mind. The following section will outline the Council's goals, objectives and budget for 1983.

FIGURE 4-8
AGENCIES INCLUDED IN PRIVATE AGENCY RESOURCE CHARTS

ATLANTIC COUNTY

1. Assoc. for Retarded Citizens, Inc.
Atlantic Unit
Atlantic City, NJ 08401
(609) 345-7021

2. Caring, Inc.
Atlantic City, NJ 08404
(609) 927-8395

3. Children's Seashore House
Atlantic City, NJ 08404
(609) 345-5191, Ext 279

4. Springs Child Workshop, Inc.
18 Linwood Professional Plaza
2021 New Road
Linwood, NJ 08221
(609) 653-9066

BERGEN COUNTY

5. Assoc. for Retarded Citizens, Inc.
Bergen-Passaic Unit
25 Broad Avenue
Palisades Park, NJ 07650
(201) 943-1500

6. Bergen County Cerebral Palsy Center, Inc.
241 North Van Dien Avenue
Ridgewood, NJ 07450
(201) 444-6017 or 6018, 6019

7. Bergen County Office on Handicapped
355 Main Street
Hackensack, NJ 07601
(201) 646-3555

8. Child Center
88 Hickory Street
Bergenfield, NJ 07621
(201) 384-1213

9. North East Jersey Society
for Autistic Children
31 Circle Avenue
Ridgewood, NJ 07450
(201) 444-3710

BURLINGTON COUNTY

10. Assoc. for Retarded Citizens, Inc.
Burlington Unit
Deacon Road
Hainesport, NJ 08036
(609) 267-5453

11. Involve N.J., Inc.
199 Pancoast Avenue
Moorestown, NJ 08057
(609) 778-0599

12. Burlington County Cerebral
Palsy Center
Mount Holly, NJ 08060
(609) 261-1667

13. Burlington County Memorial Hospital
Mount Holly, NJ 08060
(609) 267-0700, Ext. 373

14. Occupational Training Center
Mount Holly, NJ 08060
(609) 267-6677

CAMDEN COUNTY

15. Association for Retarded Citizens
Camden Unit
215 West White Horse Pike
Berlin, NJ 08009
(609)767-3650

16. Children's Seashore House (Outpatient)
Berlin, NJ 08009
(609) 767-2600

17. Cerebral Palsy School & Treatment
Center of Camden County, Inc.
7512 N. Crescent Boulevard
Pennsauken, NJ 08110
(609) 662-7300

18. Goodwill Industries of Southern NJ
Camden, NJ 08105
(609) 964-5800

19. Kingsway Learning Center
144 Kings Highway, West
Haddonfield, NJ 08033
(609) 428-8108

20. Multiple Sclerosis Association
601 White Horse Pike
Oaklyn, NJ 08107
(609) 858-3211

21. Muscular Dystrophy Association
Kennedy Professional Mall
Suite 104
40 E. Laurel Road
Stratford, NJ 08084
(609) 435-8082

22. Our Lady of Lourdes Medical Center
Camden, NJ 08103
(609) 757-3947

23. Pre-School Medical Day Care Center, Inc.
P.O. Box 292
Atco, NJ 08004
(609) 784-9841

24. VIB Pre-School for Handicapped
Davis School
34th and High Streets
Camden, NJ 08103
(609) 966-1442

CAPE MAY COUNTY

25. Assoc. for Retarded Citizens
Cape May Unit
6 Maryland Avenue
Rio Grande, NJ 08242
(609) 465-9349

CUMBERLAND COUNTY

26. Cumberland Unit/Association
for Retarded Citizens
Evanoff Center
1680 W. Sherman Avenue
Vineland, NJ 08360
(609) 691-9138

27. Shirley Eves Center
United Cerebral Palsey
Millville, NJ 08332
(609) 825-5840

ESSEX COUNTY

28. Association for Retarded Citizens
Essex Unit
62 North Walnut Street
East Orange, NJ 07017
(201) 676-8070

29. Cerebral Palsy of Essex and
West Hudson
7 Sanford Avenue
Belleville, NJ 07109
(201) 751-0200

30. Essex Unit, National Foundation
Dentistry for Handicapped
123 S. Munn
East Orange, NJ 07018
(201) 677-2311

31. Jespy House, Inc.
65 Academy Street
South Orange, NJ 07079
(201) 762-6909

32. Occupational Center of Essex County
391 Lakeside Avenue
Orange, NJ 07050
(201) 672-5800

33. S.H.A.P.E.
115 Clifton Avenue
Newark, NJ 07104
(201) 482-6400

34. United Cerebral Palsy of
North Jersey
91 South Harrison Street
Orange, NJ 07018
(201) 674-1150

GLOUCESTER COUNTY

35. Assoc. for Retarded Citizens, Inc.
Gloucester Unit
53 Smallwood Place
Woodbury, NJ 08096
(609) 848-8648

36. Cerebral Palsy Center
Rt. 322
Glassboro, NJ 08096
(609) 881-8678

37. St. John of God Community Services
532 Delsea Drive
Westville Grove, NJ 08093
(609) 848-4700

HUDSON COUNTY

38. Assoc. for Retarded Citizens
Hudson Unit
Murdoch Hall
115 Clifton Place
Jersey City, NJ 07304
(201) 434-7783

39. Summit Child Evaluation Center, Inc.
8-12 Clifton Place
Jersey City, NJ 07304
(201) 333-6303

HUNTERDON COUNTY

40. Assoc. for Retarded Citizens
Hunterdon Unit
Administration Building
Main Street
Flemington, NJ 08822
(201) 782-7827

41. Child Development Program
Hunterdon Medical Center
Flemington, NJ 08822
(201) 782-2121, Ext. 391

MERCER COUNTY

42. Assoc. for Advancement of the
Mentally Handicapped
145 Witherspoon Street
Princeton, NJ 08540
(609) 924-7174

43. Association for Retarded Citizens—
Mercer Unit
1015 Fairmount Avenue
Trenton, NJ 08629
(609) 393-2483

44. Community Living for Autistic
71 University Place
Princeton, NJ 08540
(609) 683-0140

45. Eden A.C.R.E.'s
26 Nassau Street
Princeton, NJ 08540
(609) 921-1198—448-6400

46. Millhill Child & Family
Development Center
1010 Oakland Street
Trenton, NJ 08648
(609) 989-7333

47. NJ Council of Organizations and
schools for Autistic Children
and Adults (COSAC)
71 University Place
Princeton, NJ 08540
(609) 683-0140

MIDDLESEX COUNTY

48. Assoc. for Independent Development
943 Kearney Drive
North Brunswick, NJ 08902
(201) 297-2602

49. Assoc for Retarded Citizens
Raritan Valley Unit
1014 Livingston Avenue
North Brunswick, NJ 08902
(201) 846-2586

50. Developemental Disabilities Association
of New Jersey
298 Main Street
Woodbridge, NJ 07095
(201) 636-6710

51. Easter Seals—Raritan Valley Workshop
9 Terminal Road
New Brunswick, NJ 08902

52. Epilepsy Foundation of NJ
212 Durham Avenue
P.O. Box 364
Metuchen, NJ 08840
(201) 548-4610

53. Middlesex Central Chapter of the
National Society for Children and
Adults with Autism
84 Fairmont Avenue
Chatham, NJ 07928
(201) 635-7275

54. New Jersey Association for
Retarded Citizens
99 Bayard Street
New Brunswick, NJ 08901
(201) 246-2525

55. NJ Consultation Service for
Neurological Diseases
Department of Pediatics
UMDNJ-Rutgers Medical School
Box 101, Trailer 1
University Heights
Piscataway, NJ 08854
(201) 463-4197

56. Pediatric Rehabilitation Department
John F. Kennedy Medical Center
Edison, NJ 08818
(201) 321-7740

MONMOUTH COUNTY

57. Assoc. for Retarded Citizens
Monmouth Unit
630 Broad Street
Shrewsbury, NJ 07701
(201) 747-2928

58. Camp Oakhurst/New York Service
for Handicapped
Oakhurst, NJ 07755
(201) 531-0215

59. Early Intervention Program of
Ocean & Monmouth Counties
C/O First Presbyterian Church
Third Street and Clifton Avenue
Lakewood, NJ 08701
(201) 367-3545

60. Family Resource Associates, Inc.
35 Haddon Avenue
Shrewsbury, NJ 07701
(201) 747-5310

61. March of Dimes Birth Defects Foundation
106 Monmouth Street
Red Bank, NJ 07701
(201) 747-5134

62. National Society for Autistic Children
Monmouth Chapter
73 Wickapecko Drive
Ocean, NJ 07712

63. SEARCH Program
73 Wickapecko Drive
Ocean, NJ 07712
(201) 531-0454

64. Special Needs Infant Project
62 Leland Terrace
Tinton Falls, NJ 07724
(201) 544-9533

65. Work Opportunity Center
270 Broadway
Long Branch, NJ 08816
(201) 229-4414

MORRIS COUNTY

66. Assoc. for Retarded Citizens
Morris Unit
P.O. Box 123—Central Avenue
Morris Plains, NJ 07950
(201) 326-9750

67. Cheshire Home, Inc.
9 Ridgedale Avenue
Florham Park, NJ 07932
(201) 966-1232

68. Geigers Acorn Hill
188 Sandshore Road
Box 155
Budd Lake, NJ 07828
(201) 691-0604

69. Morristown Memorial Hospital
Morristown, NJ 07960
(201) 540-5211

70. Rehabilitation Center for the Handicapped
Morris Plains, NJ 07950
(201) 539-5636

OCEAN COUNTY

71. Association for the Multiple Impaired Blind, Inc.
2240 Church Road
Toms River, NJ 08753
(201) 255-3304

72. Assoc. for Retarded Citizens, Inc.
Ocean County Unit
345 Chambers Bridge Road
Brick, NJ 08723
(201) 477-4321

73. Easter Seals Occupational Training Center of Ocean County
166 Main Street
Lakewood, NJ 08701

74. Assoc. for Retarded Citizens of Bergen & Passaic Counties, Inc.
25 Broad Avenue
Palisades Park, NJ 07650
(201) 943-1500

75. D.I.A.L., Inc.
234 Parker Avenue
Clifton, NJ 07011
(201) 472-5540

76. Diocese of Paterson
396 Straight Street
Paterson, NJ 07501
(201) 279-8688

PASSAIC COUNTY

77. Greater NJ Chapter, Cystic Fibrosis Foundation
105 Church Street
Totowa, NJ 07512
(201) 790-3100

78. Passaic County Elk's Cerebral Palsy Center
Clifton, NJ 07011
(201) 772-2600

SALEM COUNTY

79. Association of Retarded Citizens
Salem Unit
P.O. Box 5
Salem, NJ 08079
(609) 935-3600

SOMERSET COUNTY

80. Association for the Advancement of the Mentally Handicapped
Somerville, NJ 08876
(201) 685-1444

81. Association for Retarded Citizens
Somerset County Unit
P.O. Box 382
Manville, NJ 08835
(201) 725-8544

82. Developental Resources Corp.
Somerset, NJ 08873
(201) 846-4222

83. The Rock Brook School
Blawenburg, NJ 08504
(609) 466-2989

SUSSEX COUNTY

84. Association for Retarded Citizens
Sussex Unit
39 Newton-Sparta Road
Newton, NJ 07860
(201) 383-7442

85. Early Intervention Program
Educational Services Commission
Sussex County, NJ 07860
(201) 383-3350

86. Highlands Workshop/Easter Seal Society
133 Main Street
Franklin, NJ 07416
(201) 827-9066

UNION COUNTY

87. Association for Retarded Citizens
Union Unit
1220 South Avenue
Plainfield, NJ 07062
(201) 754-5910

88. Association for Advancement of the Mentally Handicapped of Union County
60 Prince Street
Elizabeth, NJ 07208
(201) 354-3040

89. Our House
New Providence, NJ 07974
(201) 464-8008

90. Union County Society for the Handicapped
108 Eastman Street
Cranford, NJ 07016
(201) 561-8190

91. United Cerebral Palsy League of Union County
373 Clermont Terrace
Union, NJ 07083
(201) 354-5800

WARREN COUNTY

92. Abilities of Northwest Jersey
255 East Washington Avenue
Washington, NJ 07882
(201) 689-1118

93. Association for Retarded Citizens
Warren Unit
P.O. Box 42
Washington, NJ 07882
(201) 689-3244

94. Project First Step
Washington, NJ 07882
(201) 689-1222

Section V:

Council Goals, Activities and Budget

The New Jersey Developmental Disabilities Council develops goals and objectives directed at improving the quality of life of developmentally disabled citizens of New Jersey. These goals and objectives are developed and/or reviewed on an annual basis to ensure their relevancy as well as to evaluate the Council's effectiveness in meeting them.

The mechanism for developing goals and objectives on a yearly basis is the planning process. While the full Council is involved in the continuing development and review of priorities, the Committee on Policy and Planning is responsible for articulating goals and objectives for the State Plan. The planning process of the New Jersey Developmental Disabilities Council proceeds on a cycle: A series of operations that recur regularly during the course of each fiscal year and lead back to the origin. Figure 5-1 is a graphic illustration of the planning cycle. The cycle involves eight steps which are designed to emanate from a strong data and information base. The steps are as follows:

1. Evaluation of progress made toward the achievement of goals and objectives set during the previous fiscal year.
2. Formulation of tentative goals and objectives for the new plan year. Tentative implementation strategies are developed.
3. Mechanism for eliciting citizen input into the goal setting process is utilized.
4. Analysis of information gathered from the public at annual statewide conferences on developmental disabilities regarding the goals and objectives.
5. Synthesize the final goals and objectives for the new plan year. Final implementation strategies are developed for each goal and objective.
6. Completion and approval of the Annual State Plan for Developmental Disabilities.
7. Submission of Annual State Plan to the Office of Human Development within the Department of Health and Human Services (HHS).
8. Distribution of the New Jersey Annual Plan for Developmental Disabilities.

Public input into the goals of the Developmental Disabilities Council are solicited in two ways. The most direct means of surveying citizen attitudes and concerns is the annual statewide conference on developmental disabilities. The statewide conference provides an opportunity for those persons directly affected by the developmental disabilities service system and those with an active interest in the developmentally disabled population to provide input on the proposed goals of the Council. Citizens are encouraged to offer suggestions pertaining to the needs of the developmentally disabled. This year's conference, "Disability Aware Fair, 82," was held on May 22, at the Quaker Bridge Mall, Lawrenceville, New Jersey. Additionally, a State Plan Summary was published in the New Jersey Register, along with an invitation for comments and questions from the public.

Taking into account progress made in 1982 toward the realization of goals and objectives, citizen input as to the relevance of the same, and the economic and political climate in New Jersey, the FY 1982 goals and objectives will be carried over into FY 1983.

The eleven goals are:

A. The existence, throughout the state, of a variety of alternative community living arrangements and community-based support services for developmentally disabled youths and adults.

B. The availability of a complete range of child development services for the developmentally disabled persons, including early identification, diagnosis and evaluation, early intervention and the counseling and training of parents of the developmentally disabled.

C. Improve access to and provide maximum coordination of existing resources for developmentally disabled persons.

D. To continue to encourage the existence of coordinated, multi-purpose transportation systems which are responsive to the needs of developmentally disabled persons.

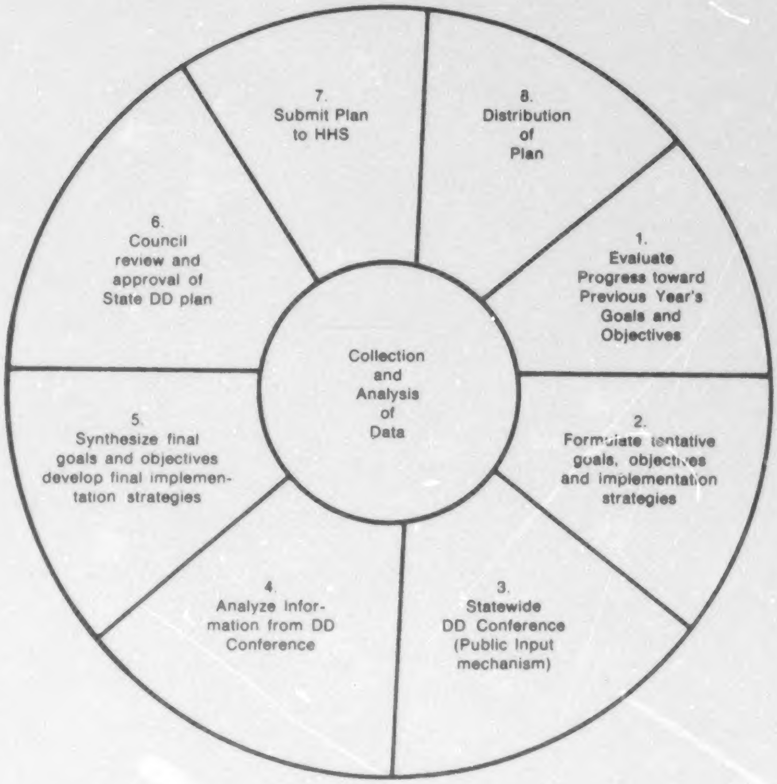

Figure 5-1
Planning Cycle of the
New Jersey Developmental Disabilities Council

Collection and Analysis of Data
1. Evaluate Progress toward Previous Year's Goals and Objectives
2. Formulate tentative goals, objectives and implementation strategies
3. Statewide DD Conference (Public Input mechanism)
4. Analyze information from DD Conference
5. Synthesize final goals and objectives develop final implementation strategies
6. Council review and approval of State DD plan
7. Submit Plan to HHS
8. Distribution of Plan

E. The integration of developmentally disabled individuals into generic leisure-time, education, and recreation programs and the existence of specialized recreation activities for severely disabled persons.
F. The existence in New Jersey of a personal program coordination service to provide long-term counseling and service planning, referral and coordination for each developmentally disabled person.
G. The protection of the civil rights of persons with developmental disabilities.
H. The existence of a professional and non-professional human services manpower pool which serves to enhance the quality and quantity of services for developmentally disabled persons.
I. The existence of a complete and meaningful spectrum of community-based day programs for developmentally disabled youths and adults at all functional levels.
J. The elimination of negative public attitudes toward developmentally disabled individuals.
K. The ensurance of the effectiveness, efficiency and responsiveness of the Developmental Disabilities Council as a leadership planning body for all developmentally disabled persons in New Jersey.

The Developmental Disabilities Council has four avenues available to realize its goals. The first is promoting inter-agency coordination. The composition of the Council membership provides an important vehicle for inter-agency communications and cooperation. Representatives of the various service network agencies often exchange information on programs and provide assistance in the development of cooperative mechanisms. Council goals and objectives require that members and staff work closely with agency personnel in order to implement changes in the service system. Most State and private agencies involved in providing services to developmentally disabled persons cooperate with the Council and its staff without formal coordination arrangements. Council members and staff regularly interact with representatives of various agencies in order to exchange data and discuss services. The Council planning staff receives or has access to the publications, data packets and plans of agencies serving developmentally disabled individuals.

Many methods are employed to influence agencies to increase and more effectively coordinate services. The Council reviews and comments on state legislation, rule and regulation changes, and administrative directives potentially affecting developmentally disabled persons. The Council's *Comprehensive Plan,* which is distributed throughout New Jersey, points out steps that agencies can take to meet the needs of the state's developmentally disabled population. Special reports and "mini plans" generated by Council activity provide support materials and implementation strategies. Through Council initiative and planning grants, the various agencies involved are encouraged to take those steps.

State agencies are influenced by the Council through joint meetings with officials who administer programs affecting the disabled population. The degree of sensitivity of agency representatives to the needs of developmentally disabled persons often increases as a result of information exchange expressed at these meetings. In this capacity, the Council calls atttention to program deficiencies and service gaps, and helps eliminate those gaps by acting as a resource and advisory body. The Council, if it deems necessary, may award a planning grant in an area of concern within a state agency. The Council also maintains working ties with major state voluntary and private associations.

Advocacy and public education activities are utilized as a method to improve developmentally disabled citizens awareness of and access to available programs. Additionally, education of the general public to dispel misconceptions about disabled persons is aimed at breaking the barrier of fear and misunderstanding which bars the integration of developmentally disabled persons into the mainstream of society.

Specific activities involve the continued publication of *Interface,* a bimonthly newsletter which provides information on Council activities, developmental disabilities events, issues and resource materials. In addition, a series of public service spot announcements have been broadcast on radio and television stations serving New Jersey to promote public awareness of the needs and services available to disabled residents of the state. A brochure providing information on the Council and the service network has also been disseminated. The annual statewide conference, through the participation of over one hundred service providers and special events which demonstrate the capabilities of developmentally disabled persons in sports demonstrations and other performances, is an effective method and educating developmentally disabled persons about available services and the general public about developmentally disabled persons.

The Council works closely with the Division of Advocacy for the Developmentally Disabled, formerly the Office of Advocacy for the Developmentally Disabled, to ensure that agency is an effective advocate of the rights of developmentally disabled persons.

The Council is frequently engaged in efforts to encourage legislation and to promote administrative changes that will enhance the delivery of services to the developmentally disabled residents of the state and will widen their legal and civil rights. The Council, the Committee on Legislation and the Executive Committee often generate and provide information on specific legislative or administrative issues. The major activity in this area has been the development of a position paper recommending the Division of Mental Retardation broaden its target population to include other developmentally disabled persons not now served because they are not diagnosed as being mentally retarded. Continuing activities to promote this concept will include advocating legislation to be introduced which would make this proposal a reality.

The fourth avenue available to the Developmental Disabilities Council is the use of funding for programs serving developmentally disabled persons. The Developmental Disabilities Act (P.L. 95-602) makes funds available to states for use in one or two specialized service areas. The act calls these areas "priority service areas"; and states must utilize no less than 65 percent of their federal allotment in one, or at the state's option, two priority service areas.

The priority areas stated in the law are listed below:

1. *Case management services*—Services to persons with developmental disabilities that will assist them in gaining access to needed social, medical, educational, and other services. The term includes follow-along services which ensure, through a continuing relationship—lifelong if necessary—among an agency or provider and a person with a developmental disability and the person's immediate relatives or guardians that the changing needs of the person and the family are recognized and appropriately met; and coordination services which provide to persons with developmental disabilities support, access to (and coordination of) other services and monitoring of the person's progress.
2. *Child development services*—Services that will assist in the prevention, identification, and alleviation of developmental disabilities in children, including early intervention services, counseling and training of parents, early identification of developmental disabilities, and diagnosis and evalutation of such developmental disabilities.
3. *Alternative community living arrangement services*—Services that will assist persons with developmental

disabilities in maintaining suitable residential arrangements in the community, including in-house services (such as personal aides and attendents and other domestic assistance and supportive services), family support services, foster care services, group living services, respite care, and staff training, placement and maintenance services.

4. *Non-vocational social-developmental services*—Services that will assist persons with developmental disabilities in performing daily living and work activities. P.L. 95-602 does not specify what types of services are included under this priority service cluster. Recent draft regulations, however, suggest that services such as transportation, recreation, and assistance in areas such as personal finances, civic concerns and personal-social matters (e.g., outward appearance and public behavior) are considered non-vocational social-developmental services.

The Council gave serious consideration to the question of which priority service areas should be chosen for service funding. Among the issues the Council explored during its deliberations were the following:

1. The relationship of each of the priority service areas described above to the Council's goals and objectives.
2. The relationship of the priority service areas to the particular needs of the the developmentally disabled in the State of New Jersey as they are understood by the Council. This involved a comparison of the priority areas to the service gaps identified in the Council's planning process.
3. A consideration of which of the four service areas would enable the Council to provide financial support for the widest range of services needed by developmentally disabled persons.
4. The probable impact on service projects receiving developmental disabilities funding in fiscal year 1982 if such support were to be withdrawn in FY 1983.

An examination of the relationship of the priority service areas to the Council's goals and objectives for FY 1983 revealed that the Council had articulated goals and objectives which could be classified under each of the four areas. It is important to note, however, that the 1978 Developmental Disabilities Act amendments do not restrict the pursuit of a wide range of goals and objectives, but only limit those service activities which can be supported by service funds.

Just as the Council's goals and objectives addressed service needs in all four of the priority service areas, identified service gaps also indicated that there were serious service needs in each of the priority areas. Gaps identified in the 1983 State Plan included: residential services, day programs, employment services, identification services, case management services, treatment services and family/program support services.

Next, the Council examined the descriptions of the priority service areas contained in P.L. 95-602 to determine which areas would allow the Council the greatest flexibility to fund the widest range of services needed by developmentally disabled persons. In view of the fact that the Council considers all of its objectives to be equally significant to the developmentally disabled, the question of flexibility was a crucial consideration.

It was decided that maintaining the priority service areas of alternative community living arrangements and child development services would allow the Council the greatest amount of flexibility in terms of the types of projects it could fund. Under the heading of alternative community living arrangement services the Council could continue to provide "start-up" money for a variety of models of alternative community residential arrangements as well as funding respite care and other family support services to enable developmentally disabled persons to maintain suitable living arrangements in the community. This priority service area was particularly relevant to the Council's goals in light of the state's ongoing deinstitutionalization effects.

Similarly, the choice of child development services allows for great flexibility in terms of funding services to children with developmental disabilities. Services such as diagnosis and evaluation, treatment services, case management services, and, by implication, early intervention programs

Service funds have, in the past, primarily been utilized to support the development of early intervention programs. In its decision to continue funding these programs in FY 1983, the Council strongly felt that if Developmental Disabilities funds were withdrawn, the viability of existing projects would be in jeopardy. The Council will study the impact of the proposed state Department of Education funding for these programs (beginning in school-year 1983-84) to determine its future course of action in terms of funding for early intervention.

The following activities will receive funding during FY 1983:

1. Alternative living arrangements will receive $418,360 to assist agencies in starting group homes and other unique community-based residential programs.

2. Child development services will receive $1,255,080 to fund programs currently receiving Developmental Disabilities monies, and to develop and support other programs meeting special needs.

TABLE 5–2

SUMMARY OF PROPOSED DEVELOPMENTAL DISABILITIES EXPENDITURES*

FY ENDING September 30, 1983

ALLOCATION TO STATE AGENCY BY SOURCE OF FUNDS

STATE AGENCY DESIGNATED TO ADMINISTER DD FUNDS	NON-FEDERAL FUNDING			TOTAL FEDERAL FUNDS**	TOTAL FUNDS
	STATE	NON-PROFIT MATCH	TOTAL NON-FEDERAL		
NEW JERSEY DIVISION OF MENTAL RETARDATION	$375,492	$675,000	$1,050,492	$1,112,977	$2,163,469

ALLOCATIONS TO STATE AGENCY

STATE AGENCY DESIGNATED TO ADMINISTER DD FUNDS	TOTAL FEDERAL & NON-FEDERAL	PLANNING		ADMINIS-TRATION	PRIORITY SERVICES		
		COUNCIL	OTHER		TOTAL	ALTERNA-TIVE LIVING	CHILD DEVELOPMENT
NEW JERSEY DIVISION OF MENTAL RETARDATION	F-1,112,977 NF-1,050,486	339,541.95 50,486	$0 $0	50,000 50,000	723,435.05 950,006	137,115.05 237,501.50	586,320 712,504.50
TOTAL	$2,163,469	$390,027.95		$100,000	$1,673,441.05	$418,360.30	$1,255,080.75
PERCENT OF FEDERAL ALLOCATION UTILIZED FOR PLANNING, ADMINISTRATION OR PRIORITY SERVICES	100%	30%		5%	65%		

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*PROPOSED FY 1983 EXPENDITURES ARE BASED ON TOTAL FY 1982 FEDERAL ALLOCATIONS

TOTAL ALLOCATION FOR FY 1982 INCLUDES BASIC FORMULA GRANT, REPROGRAMMED FUNDS & REALLOTMENTS OF UNUSED INITIAL AND REPROGRAMMED FUNDS.